

**A qualitative exploration of gender identity in young people
who identify as neither male nor female**

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ABSTRACT

The dominant approach to categorising gender in western cultures, follows a binary system, where the gender of an individual must be either male or female. However, some individuals feel that their gender identity is neither male nor female, and may define themselves as non-binary. Non-binary gender has predominantly been encompassed within wider transgender research and, therefore, little is known about how young people who identify as non-binary describe their gender identity.

This research study explored how young people with non-binary gender identities describe and understand their gender identity. The influence of relationships with others upon gender identity was explored, along with what these young people would like from services.

Six young people aged between 15 and 18 with non-binary gender identities were recruited from a NHS gender identity development service and a third sector organisation supporting young people with gender development. Semi-structured interviews were carried out and analysed using thematic analysis.

The research indicated that the participants utilised the internet as a source of information during the process of gender exploration and discovery. Talking to others both within and outside of the transgender community provided them with the space to explore, discover and find validation and acceptance of their non-binary genders. This study also suggests that the impact of gender uncertainty and body distress on their emotional wellbeing could be exacerbated or mitigated according to the response and support received from others. Furthermore, the young people that took part in this research were very aware of negative judgements of those in their community and also within wider society. The stigma and discrimination was thought by the participants to be fuelled by the lack of awareness and education of non-binary genders. Consequently, there was a desire for activism and social action to reduce stigma and to improve the everyday lives of those with non-binary genders.

A critical review of the study is provided and theoretical and clinical implications are offered.

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1. INTRODUCTION

In order to understand some of the constructions of young people's gender identity, there will firstly be a consideration of different gender and sexual identities. (see appendix 1 for the literature review approach used.)

1.1. Sexuality, sex and gender

Sexuality, sex and gender are frequently conflated with each other and are assumed to be constant, rigid and binary. However, these categories have been argued to be socially constructed (Lorber & Farrell, 1990) and are rarely challenged or questioned. In order to explore non-binary gender identities, it is important to understand what is meant by the terms sexuality, sex and gender.

1.1.1. Sexuality

Sexuality refers to an individual's capacity for sexual feelings and attraction, with sexual orientation being most commonly perceived as being a binary category, an individual is either sexually attracted to people of their own sex (gay/homosexual) or the opposite sex (straight/heterosexual) (Lancaster, 2003). The development of this sexual binary is historically, a relatively recent development. Foucault (1978) argued that during the 19th century, sexuality was medicalised by the fields of medicine and biology, with labels being given to 'sexual perversions' that led to the construction of 'sexual species'. What was previously just a sex act had now become part of an individual's identity. Foucault noted that although multiple sexual identities were created, for classification purposes, 'homosexual' was the label that gained common usage. By the mid-20th century, western cultures were rigidly and exclusively defining sexuality as either homosexuality or heterosexuality (Halperin, 1990).

However, these reductionist binary categories of sexuality began to be challenged in the 1980's, with those who self-identified as bisexual (being sexually attracted to both sexes) campaigning for recognition and public awareness. There has also been some

acknowledgement that sexuality is not necessarily static and unchanging, but can be fluid and continually changing (Entrup & Firestein, 2007).

There is now much more awareness of non-binary sexualities such as bisexuality, but there has not been the same level of advancement in the public acceptance of such identities. Some continue to question the existence of bisexuality arguing that those who are bisexual do not disclose that they are gay through fear of losing their heterosexual privilege (Bower, 2002). While other research has documented the public perception that bisexuality is a transitional or intermediate stage in the process of coming out as gay (Rust, 2003). There is also still a substantial stigma surrounding non-binary sexualities. For example, Herek (2002) found that attitudes toward those who are bisexual were more negative than for any other group apart from drug users.

1.1.2. Sex

Sex is commonly used to describe matters that are biological and medical in nature, with individuals usually being either biologically male or female (Diamond, 2002). Sex is typically assigned at birth through visual inspection of external genitalia, yet biological sex is a complex interaction between chromosomes, hormones, reproductive organs and external genitalia. This approach can be described as biological essentialism, however, others have argued sex to be a physical attribute, while simultaneously being socially constructed (Dozier, 2005). The definition of what constitutes a person with male sex and what constitutes a person with female sex and the differentiation between the two sexes is arbitrary. At what point is a small penis considered to be a clitoris and at what point is a large clitoris considered to be a small penis? The existence of intersexuality has also been posited to be a challenge to the assumed 'naturalness' of biological and binary sex (Kitzinger, 1999).

Sex is primarily categorised according to a traditional binary system (male or female), however, sex is not dichotomous. There is substantial variability and ambiguity in the chromosomes, hormones, reproductive organs and external genitalia of individuals. Such individuals have been labelled intersex (or to have a Disorder/Difference/Divergence of Sexual Development). With such diagnoses, there is

an assumption of pathology or disorder, a pathology that may require surgical 'correction' to allow an individual to be 'truly male or female', or to create concordance of external genitalia with biological sex. However, there is now growing evidence that such interventions in children result in negative consequences in later adult life with regard to psychological wellbeing, body image, relationships, sexual sensation and sexual functioning (Creighton, Michala, Mushtaq, & Yaron, 2014; Roen & Pasterski, 2014). Consequently, the assumption of pathology and need for correction has begun to be challenged, with the aim of not viewing intersex conditions as an emergency situation that requires immediate surgical intervention, but to delay any intervention until the person has a sense of their own gender and can provide consent for any surgical intervention (Boyle, Smith, & Liao, 2005). The individual may equally decide that no intervention is required as they are happy with their sex, even if this is different to cultural norms of sex.

Many individuals with sex variability have a gender identity that is non-binary (Schweizer, Brunner, Handford, & Richter-Appelt, 2014). Schweizer and colleagues recommended that clinical care should aim to maximise the psychological well-being of individuals by validating expression of non-binary gender identities.

1.1.3. Gender

Gender is generally defined as the socially constructed status of being male or female, regardless of one's biological sex. However, biological sex usually serves as the 'master status' or 'coat rack' upon which the socially constructed notions of gender are hung (Nicholson, 1994). Gender has become fundamentally key in how we identity people, organize relationships, society and develop meaning through natural and social events (Harding 1986).

As with sex, gender is most commonly perceived as being binary, an individual is either male or female, girl or boy, man or woman or a transman or transwomen. With these labels there is a corresponding system of rules, customs, social characteristics and expectations of how a male or female should be and how they should behave. From the moment that we are assigned our sex at birth, we are exposed to a social process

that encourages the formation of concordant gender identities and gender expression. Performative theories of gender, suggest that gender identity is the result of repeated performances of expected gender roles that creates the illusion of an internal and static binary gender identity (Butler, 1990). It has further been argued that society has used and continues to use the legal system, religion and cultural practices and even sport segregation to reinforce gender roles (Connell, 2002; Connell, 2012).

1.1.4. Critique of the binary categorisation of gender

Some individuals feel that their gender identity is neither male nor female, and may define themselves in many different ways such as: non-binary, gender fluid, gender variant, third gender, pangender, bi-gender, agender, genderqueer, gender diverse, androgynous or may not define their gender by any label. In regard to definitions of non-binary gender identities, there are many different ways that such identities have been conceptualised. People may perceive themselves as being both male and female, as neither male nor female, to have no gender or to fall completely outside of the gender binary (Corwin, 2009). Having a non-binary gender identity is likely to effect how an individual chooses to dress and all aspects of their appearance, their social behaviours and relationships (sexuality is viewed as being separate to gender). Such people can be thought of as rejecting the term boy or girl, preferring the in between space or the outside space of gender. One young person's eloquent response to being asked to 'choose' a gender replied, "Why do you care? What difference does it make? Would you treat me differently?" (Pyne, 2014).

Queer theory (e.g. Butler, 1990), postmodernism and feminism have all offered a critical and normative challenging perspective to essentialist assumptions of gender. Firstly, gender is argued to be an ambiguous construct that has been socially constructed. What is considered to be male and what is considered to be female have been arbitrarily divided, however, these arbitrary divisions are powerfully reinforced through societal processes and repetition. Gender does not exist in a binary form, but is a continuum, ranging from masculinity to femininity, with everyone in between and everyone outside of the gender binary. Some theorists have even posited that gender may in fact be just an illusion that does not exist (Connell, 2012).

Secondly, there is the assumption that gender is a static, constant and unchanging aspect of human identity. Stage theories of identity development (e.g. Erikson, 1968) have perpetuated those assumptions with the suggestion that young people are aiming to discover their identity, which once discovered will be a fixed and crucial aspect of the self. However, post-modernists argue that gender is not static and unchanging but is a fluid construct that changes and evolves. This evolution occurs both within individuals and within society itself (Butler, 1990).

Thirdly, binary gender is not culturally universal, as some non-western cultures do not construct gender by such a rigid binary system. There is a myriad of divergent gender classification throughout the world, with no consensus of the traits, characteristics and behaviours that males or females should have (Langer & Martin, 2004). In non-western Samoa, Paul Vasey and Nancy Bartlett (2007) studied the Fa'afafine culture, where natal males who are sexually attracted to males identify as women. However, they are not a heterogeneous group, but have a diverse range of gender expressions. Some would be considered extremely feminine while others extremely masculine and some would be considered gender neutral. Other populations such as the "Warias" of Indonesia (natal males who do not want to be women, but to be like women), similarly do not see gender in dichotomous and binary terms (Idrus & Hymans, 2014).

Fourthly, the influential postmodern work of Foucault (1978) highlighted the influence of discourses in western conceptualisation of a binary gender. He argues that language, how we talk, and how we create images or texts determines the gender dichotomy. Language is not simply a *descriptor*, describing the world, but it is simultaneously the *actor*, constructing and creating the world and the descriptors themselves. At the moment a baby is born, the first announcement will be "It's a boy!" or "It's a girl!", this linguistic performance both reflects and constitutes the gendered western world (Hall, 2003).

In the English language, pronouns are predominantly used to distinguish a male or female individual (he/she, him/her), and some descriptors are also gender specific, for example, waitress/waiter or actor/actress. Thus, the structure of the English language itself, forces us to gender ourselves and others and perpetuates the pathologising

binary divisions. As recently as 2014, an analysis of the language used within academic psychology and psychiatry writings on children with gender variance found frequent pathologising language which constructed children's own gender identification and expressions as disordered. Instances of misgendering as well as an absence of language that allows the self-definition outside of heteronormative binary (e.g. widely known and accepted non-binary pronouns or non-binary versions of titles just as Mum, Dad, Sister, Brother) without being disordered also continues (Ansara & Hegarty, 2012).

However, there has been a recent challenge to the gendered English language, with some individuals choosing to use the non-gendered pronoun of them/their, new pronouns have also been created and are being used by young people as their preferred pronouns (Corwin, 2009). The evolution of gender neutral pronouns is now moving out of transgender communities and awareness is growing in the general public, as seen in a recent article by the BBC entitled "Beyond 'he' and 'she': The rise of non-binary pronouns" (Chak, 2015). Examples of gender neutral pronouns includes: ze, ey, em, per, ve, and sie. Sweden has taken this a step further in acknowledging non-binary gender identities by introducing the gender neutral pronoun of 'hen' into the official dictionary. While the Oxford Dictionary last year added an alternative to the gendered Miss, Mr, Mrs, Ms titles, by including the title Mx, which they defined as "A title used before a person's surname or full name by those who wish to avoid specifying their gender or by those who prefer not to identify themselves as male or female".

However, despite some softening of the rigidity of the binary categories of gender, and the acknowledgement that the qualities labelled as typical of masculine and feminine exist to some extent in people of either sex, the categorisation of gender remain relatively inflexible (Perrin, Edgardo, Menvielle, & Tuerk, 2005). Disapproval, negative social judgement and discrimination if one is not seen to be masculine or feminine enough (to match their assigned biological sex) all serve to perpetuate the binary conceptualisation of gender.

Most commonly the sex assigned at birth is concordant with the person's gender identity. However, for some individuals, there is a discrepancy between their natal sex and their gender. This may take the form of wanting to be the 'other gender', to have a non-binary gender or indeed no gender at all. Gender variance (or transgenderism) is an umbrella term that is used to describe the behaviours, interests, appearance and expressions of gender in individuals who do not conform to culturally defined norms expected of their natal gender. Within this umbrella, the terminology that is used by professionals and individuals is diverse and is continually growing as individuals develop their own understanding and descriptors that best describe their gender, or indeed, some may choose that they have no gender and so do not define their gender in anyway.

In children and young people, indications and expression of gender variance can be seen in preferences for play activities, toys, hobbies, clothes, external appearance, role model identification, preference for playmates and statements indicating an unhappiness with their assigned gender (Perrin et al., 2005).

1.2. Gender variance

1.2.1. Gender variance: a historic overview

1.2.1.1. Advances in the understanding of sexuality

The evolution of how sexuality is now understood provides a useful comparison in the much slower evolution of the understanding of gender and the continued classification of gender variance as a mental health disorder.

Throughout western history, homosexuality has been viewed through the lens of cultural and religious values as being 'bad' and 'sinful'. In the 16th century homosexuality was punishable with the death penalty, while in more modern times (until 1957) homosexuality was a criminal offence that could result in imprisonment. As previously discussed, at the beginning of the 19th century sexuality began to receive attention from the fields of medicine, psychiatry and psychoanalysis resulting in a medicalising and pathologising of sexuality (Drescher, 2010). Homosexuality became to

be viewed as a medical pathology that required treatment with the aim of achieving a cure. In 1952, homosexuality appeared in the first edition of the DSM as a 'sociopathic personality disorder', with a later reclassification in the second edition as a 'sexual deviation'. However, gay rights and activist groups were gaining momentum, with the Stonewall riots and protests directly against the American Psychiatric Association's continued classification of homosexuality as a mental disorder. In 1973, homosexuality was removed from the DSM, however, pathology was not completely removed as the 'new' diagnosis of 'sexual orientation disturbance' was created for those who were distressed by their sexuality. It was not until 1987 that the American Psychiatric Association documented the acceptance of homosexuality as a normal variance of sexuality. The soon to be updated, International Statistical Classification of Diseases and Related Problems (ICD-10, WHO, 1992) followed a similar evolution. At present ego-dystonic homosexuality is still included, where the individual may wish that their sexual orientation were different and distress is caused by their sexual orientation. Distress, however, is most likely to be the result of the continued societal stigma and discrimination. However, the ICD-10 currently states that "sexual orientation by itself is not to be regarded as a disorder".

Although gender variance has never been criminalised, there has not been such great advancements in the understandings of gender variance, the acceptability of different conceptualisations of gender and of gender variance as not being a mental health disorder.

1.2.1.2. Advances in the understanding of gender

Although, interest in gender variance has existed since before the 19th century, it was not until the 1960's that children with gender variance began to gain attention from the medical and psychological professions. This period of time coincided with a growth in psychological understanding of distress, the changing roles of men and women during and following World War, the greater visibility of gay communities and the appearance of adults with gender variance in the media (Bryant, 2006a). Gender variance in children, as viewed through the lens of the medical model, was seen as a pathological mental health disorder that required correction in order to prevent these

children from becoming homosexuals, transvestites or transsexuals (Green and Money, 1960).

The term gender variance is a relatively new term; terminology has evolved and developed over recent decades and is continually changing and developing. Terms such as transvestites or transsexuals, as used by Green & Money in the 1960's, are now viewed as derogatory and so should be avoided. The use of different terminologies and their associated meanings is highly subjective, culturally specific, context dependent and frequently contested. There are a multitude of words that are being used to describe gender, with subtle differences associated with meaning, representation of experienced self and the representation of self to the world. Many gender identity organisations (e.g. GIRES (2016) see appendix 2) provide lists of the various words that are used, with definitions and indications as to whether the term is generally accepted or viewed to be a derogatory word that should be avoided.

It should be noted that there has also been a movement to reclaim or re-appropriate words that were once viewed as being derogatory, to change the meaning of the word and how it is used within society. For example, the term gender queer is losing the negative connotations it may once have had and is now being used as another word for gender variance without negative connotations. Queer has also been suggested to be one of the only words that has been re-appropriated and has gained widespread use, however, "many are unable to forget its history of bigoted and demeaning uses" (Eckert & McConnell-Ginet, 2013 p.224).

For the purpose of this research, gender variance is taken to be the self-identified gender of an individual that is a variation to the gender assigned to them at birth according to their biological and usually anatomical sex. It is used as an 'umbrella term' within which other constructs (including non-binary genders) are subsumed. Furthermore, as already noted, gender is not a static unchanging construct, the terms/labels that people choose to describe themselves often change over time as they develop different understandings of themselves and their identity, through interactions with their peers and family and the influence of the wider socio-political context.

Early treatment approaches were based on behaviour modification, with the psychologist George Rekers using classic reinforcement techniques to extinguish feminine behaviours and to replace them with masculine ones in boys (E.g. Rekers, 1975). This work was heavily criticised for perpetuating gender stereotypes, pathologising and causing distress in children, however, there was little change in the dominance of behavioural interventions for many years (Bryant, 2006). There are also reports documenting the use of psychoanalysis as an attempt to correct gender variance (E.g. Greenson, 1966).

In 1980, Gender Identity Disorder first appeared in the DSM-III (American Psychological Association, 1980). While, the ICD manual did not include a diagnoses of gender identity disorder until 1992 in ICD-9 (World Health Organisation (WHO), 1992). Previously the ICD had conflated gender together with sexuality. It seems that the introduction to both the DSM and ICD classification systems reflected the growing clinical and research evidence into the treatment and understanding of gender variance (Drescher, Cohen-Kettenis, & Winter, 2012). However, this research was very much conducted from a medical and psychiatric perspective. Both of these diagnostic labels are liked to have served to perpetuate the pathologisation and the stigmatisation of gender variance.

1.2.2. Current diagnostic criteria - Gender dysphoria

The DSM-5, controversially, still includes gender identity variance as a mental disorder defined as Gender Dysphoria. Previously the DSM had classified gender variance as Gender Identity Disorder, with the change in terminology intending to move away from gender variance being a clinical disorder, to a focus upon the associated distress that may occur as a result of gender incongruence. (American Psychiatric Associations, 2013).

In order for children and adolescents to meet the diagnostic criteria they must have a “marked incongruence between ones experience/expressed gender and assigned gender, for at least 6 months duration”. There must also have a strong desire to be of the other gender or an insistence that one is the other gender, which must be

associated with clinically significant distress or impairment in social, school/occupation or other areas of functioning.

Currently, In the UK, a diagnosis of gender dysphoria is required prior to any physical intervention. The Gender Recognition Act (2004) also requires a diagnosis of gender dysphoria prior to an individual being legally recognized as their chosen gender. However, the chosen gender can only be the opposite gender to assigned gender, male and female are the only legal gender categories available.

1.2.3. Non- binary gender identities

This latest edition of the DSM, has additionally made some acknowledgement to non-binary gender identities that go beyond the binary stereotype of gender. It is stated that “distress is not limited to a desire to simply be of the other gender, but may include a desire to be of an alternative gender, provided that it differs from the individuals assigned gender ” (American Psychiatric Association, 2013, p543).

The International Statistical Classification of Diseases and Related Health Problems (ICD-10) (World Health Organisation, 1992) at present, continues to describe gender variance in children as Gender Identity Disorder, does not acknowledge the existence of non-binary genders and for adolescents/adults, gender variance is classified as a “psychological and behavioural disorder associated with sexual development and orientation”. Sexual orientation by itself is stated not to be regarded as a disorder, but the same is not stated for gender identity. However, the provisional revision in the upcoming ICD-11 (World Health Organisation, 2015) has renamed gender variance as Gender Incongruence of childhood or Gender Incongruence of Adolescence and Adulthood, thus removing the ‘disorder’ in the classification. Although, the existence on non-binary gender variance is not explicitly included, the use of the term ‘experienced gender’ as opposed to ‘the other gender’ appear to consider non-binary gender identities.

1.2.4. Natural variance and difference not disorder

Despite the attempt by the latest version of the DSM to remove the pathologising nature of gender variance diagnoses, the mere presence of gender variance in a manual for the diagnosis of mental disorder is fundamentally pathologising. There are three main reasons as to why this is problematic and potentially damaging to young people.

Firstly, many have criticised the inclusion of gender variance as a mental disorder, when gender variance or identifying as a non-binary gender is considered to be part of the natural variability of individuals (e.g. Daley & Mule, 2014) and where gender is a social construction that varies over time and culture (Langer & Martin, 2004). Social constructionist and Queer Theory perspectives upon gender variance argue that “transsexuals, like everyone else, are both agents and effects of the world in which they live” (Sullivan, 2007).

Secondly, by classifying gender variance as a mental disorder, a social problem is mistakenly located not within society but within individuals, the individual becomes the problem. If a person’s gender identity does not match their physical body and their social preferences that they are expected to demonstrate by society, communities and families, it seems understandable and to be expected that this may be associated with distress. The continued inclusion of gender variance as a mental health diagnosis also serves to perpetuate the stigma of gender variance in an already highly stigmatised and vulnerable group (Drescher, 2013). It could be argued that the stigma and discrimination is the real problem and not gender identity.

Thirdly, including gender variance as a mental disorder also assumes that there is always associated distress, when distress is not necessarily experienced. Many individuals choose not to access services and have no need for services as they are able to be true to their gender and do not experience distress. Distress associated with gender variance is also not culturally universal. There are low rates of distress as a direct result of gender variance in non-western cultures where there is social acceptance of gender variance and it is not viewed as a mental disorder (Vasey & Bartlett, 2007). Thus in such cultures, there is little stigma, discrimination or

victimisation of those with alternative genders and therefore little distress is experienced.

Sexual orientation is no longer deemed to be a mental health diagnosis, however, the progress in understanding and normalising gender variance has been much slower and still has a way to go. Further, research, activism and political change is required to further the understanding of gender variance, especially non-binary genders.

1.2.5. Epidemiology

The prevalence of gender variance and more specifically non-binary gender identities in children and adults is presently unknown (Bonifacio & Rosenthal, 2015). Collection of such data is problematic in many ways, firstly, gender variance is a continuum with some expression of gender variance being common (Sandberg, Meyer-Bahlburg, Ehrhardt, & Yager, 1993), therefore defining the point at which an individual is considered 'gender variant' is arbitrary. Secondly, there may not be associated distress or any need for professional intervention, and therefore an individual will not be known to services. Consequently, the number of young people attending gender identity services is likely to be an underestimate, as many young people do not access these services or indeed may have no need for a professional support or interventions. Conversely, many may be unable to disclose being unhappy with their assigned gender through fear of stigma and negative judgement. However, a recent national survey of young people in New Zealand indicates 1.2% to be transgender, with a further 2.5% being unsure about their gender (Clark et al., 2014).

1.2.6. Increasing referrals to gender identity services

Referrals to gender identity services have been steadily increasing in recent years. During the opening year of the Gender Identity Development Service at the Tavistock there were 4 referrals, this has risen to 314 referrals in 2013 (Di Ceglie, 2014). Each year, the number of referrals to this service increases by 40-50%, however, in 2014-2015 there has been an increase of more than 100% in the number of young people being referred. (Personal communication, Davidson, 2015). The prevalence of non-

binary gender identity within these services is currently unknown, however, clinicians within a gender identity service have noticed an increase in the number of young people identifying as non-binary. Of note, an American study exploring the gender identity of an online non-clinical sample found genderqueer to be the most commonly used gender identity (Kuper, Nussbaum & Mustanskim, 2012).

1.2.7. Why referrals may be increasing

One explanation for the continued increase of referrals to gender identity service is the increasing presence of gender variance and non-binary genders within main stream media. In 2008, Zucker, Bradley, Allison, Owen-Anderson, Kibblewhite & Cantor asked the question, “Is Gender Identity Disorder in adolescents coming out of the closet?” It was hypothesised that the emergence of dozens of internet sites focusing upon gender variance may have an aetiology in the increasing referral rates.

Since, 2008, there has been a proliferation in the number of media reports, videos, blogs, Facebook Groups, Twitter, Instagram and other online communities that focus upon issues of gender variance. In 2013, Facebook introduced 71 descriptors for gender and preferred pronouns could for the first time also be self-selected (Yarlett, 2013; Vincent, 2014). There has also been a proliferation in the online presence of those with non-binary gender identities, (E.g. the Facebook group ‘Life Outside the Binary’).

Television series have also begun to include individuals with non-binary gender identities. For example the American television series *Orange is the New Black* has characters that are both transgender and non-binary. It is likely that this increasing visibility and awareness of gender variance including non-binary identities, along with the provision of information, signposting to sources of support, the sharing of experiences with others leads to a “coming out of the closet”. Young people may subsequently initiate discussions with parents, friends, general practitioners, leading to possible referrals to specialist gender identity services.

1.3. Impact of gender variance

It is understandable that if a young person's natal sex does not match with their gender identity that distress may be experienced. However, it is argued here, that gender variance is usually not the 'problem' or the source of distress for individuals, the real problem is the stigma, discrimination, bullying, abuse and hate crime that is associated with gender variance.

1.3.1. Minority stress, bullying and hate crime

Young people with gender variances are often at increased risk of violence, bullying and hate crime. A national survey of young people in New Zealand revealed more than half of transgender young people feared they would be hurt at school, while almost 20% reported bullying at least once a week (Clark et al., 2014). Sexual harassment is also much more common in transgender young people. An American online survey revealed 81% of transgender young people had experienced sexual harassment, of which 63% experienced significant distress as a result, interfering with school, family and peer relationships (Mitchell, Ybarra, & Korchmaros, 2014). Transgender young people may also be more vulnerable to abuse from within the home by caregivers (Firth, 2014), which has also been shown to be associated with the experience of depression (Roberts, Rosario, Slopen, Calzo, & Austin, 2013).

These young people will become adults. In adulthood the extent of hate crime does not improve but may even become more pronounced. A large scale, UK survey of the experiences of adults who identified as trans (Mcneil, Bailey, Ellis, Morton, & Regan, 2012) found over 90% had been told that transgender people were not normal, 38% had experienced sexual harassment, 13% had been sexually assaulted and 6% had been raped for being trans. Over 37% had experienced physical threats or intimidation for being trans, 19% had been hit or beaten up for being trans. 25% had to move away from family or friends for being trans; over 16% had experienced domestic abuse, and 14% had experienced police harassment for being trans. 62% of respondents had alcohol dependency or alcohol abuse difficulties. Almost half of the participants, 49%, experienced some form of abuse in childhood.

The concept of minority stress (Meyer, 1995) suggests that those with minority identities are at increased risk of mental health distress because of the stigma that surrounds the identity. Such stress can be external victimisation, discrimination, violence or the internal expectations of such violence by the individual themselves. Unlike sexual orientation, gender orientation is conveyed visually by our physical appearance, which can lead to the exposing of gender variance. Research suggests that young people who experience negative social interactions, stigma, negative judgement from others and harassment/victimisation are significantly more likely to experience life dissatisfaction, depression (Toomey, Ryan, Diaz, Card & Russell, 2013) and psychological distress (Effrig, Bieschke, & Locke, 2011). Young people themselves are aware of the impact that minority stress has upon their mental health, in talking about fear of potential victimisation one young trans individual directly stated, “I have no safety zones, and that puts me at risk for suicide” (Grossman & D’Augelli, 2006).

For adults, the Trans Mental health study found 81% of the participants avoided public toilets, gyms, clothing shops, or other social settings through fear of harassment.

1.3.2. Impact upon wellbeing, quality of life and mental health

Research is only recently beginning to emerge evidencing the impact upon wellbeing, quality of life and mental health that those with gender variance experience. Most research has also focused on adult populations and has been carried out in America. Further research is therefore needed, however, the existing evidence base can provide some insight in to the impact that is also likely to be experienced by children and young people within the UK.

Many young people with gender variance are known to experience psychological distress including depression, anxiety, substance abuse, self-harm, suicide ideation and suicide attempts (Testa, Jimenez & Rankin, 2014; Skagerberg, Parkinson, & Carmichael, 2013) and many access general mental health services (Reisner et al., 2015). The prevalence of this distress occurs at far higher rates than found in cisgender (assigned gender is concordant with felt gender) young people (Reisner et al., 2015). Research

from New Zealand has reported that approximately 40% of all transgender young people had significant symptoms of depression and had harmed themselves, while 20% had attempted suicide in the last 12 months (Clark et al., 2014). A further study of genderqueer (non-binary) adults, found 53% reported clinical levels of depression and 39% reported clinical levels of anxiety (Budge, Rossman, & Howard, 2014). Young people with gender variance may also be deemed to have behaviour problems (Cohen-Kettenis, Owen, Kaijser, Bradley, & Zucker, 2003).

Often, without appropriate health care many transgender young people will continue to experience distress as adults. The Trans Mental Health Study (2012) surveyed adults within the UK from online support organisations and mailing lists. 88% of trans adults were found to have experienced depression, 75% to have experienced anxiety, more than half had self-harmed, while 84% had thought about ending their lives (Mcneil et al., 2012).

1.3.3. The body, body image and eating disorders

Young people with gender variance are often unhappy or have an uneasiness concerning their physical bodies. This uneasiness has been reported to be the primary source of distress for those with gender variance (Bandini et al., 2013). When biological sex does not match with gender identity and the body that they would like, attempts may be made to alter their body and eating disorders may develop. For example, case studies have highlighted the presence of food restriction in a natal male who desired thinness to achieve a feminine physique, while a natal female wished to reduce the growth of breasts (Couturier, Pindiprolu, Findlay, & Johnson, 2015). Other qualitative research has found that adults with gender variance frequently described striving for thinness as an attempt to suppress features of one's biological gender or accentuate features of one's desired gender (Ålgars, Alanko, Santtila, & Sandnabba, 2012)

1.3.4. Relationships

For young people with gender variance, one of the most important factors for emotional wellbeing and quality of life is strong social support from family and friend networks (Budge et al., 2014; Simons, Schrager, Clark, Belzer, & Olson, 2013). However, not all young people have these support systems and may be rejected or inconsistently cared for by their families, school mates, teachers and communities (Grossman & D'Augelli, 2006). As a consequence of community pressure or personal beliefs some parents find it difficult to accept a child that does not fit with dominant social gender norms. This can result in considerable conflicts within the family and potential distress for the young person, potentially damaging parental relationships (Malpas, 2011). In an audit of children and young people attending a specialist service for gender identity disorder in the UK 57% reported difficulties with their parents while 52% reported difficulties in relationships with their peers (Di Ceglie, Freedman, McPherson, & Richardson, 2002).

1.3.5. Dissatisfaction with services

Evidence from transgender literature on dissatisfaction with gender and medical services, further demonstrates the persistence of assumptions of a gender binary system within health services and even services dedicated to gender variance (Ellis, Bailey & McNeil, 2014). The mis-gendering and the insistence on binary gendered language by health professionals is a source of distress and is potentially alienating for individuals (Hagen & Galupo, 2014).

For some, contact with gender identity services and general health services have themselves been a source of distress. Instances of poor treatment (including: long waiting times and delays to treatment, appointment cancellations, inaccurate assessments, being denied hormones, being denied surgery, being denied access to Gender Identity Clinics, being given the wrong information or advice, receiving negative or inappropriate treatment from psychiatrists, and being discharged from a Gender Identity Clinic) led some people to self-harm (McNeil et al., 2012). Outside of gender services, qualitative research from the USA suggests that many health professionals have very limited knowledge and awareness of gender variance and the concerns and issues that may arise for such individuals. This results in poor resource

provision and support (Riley, Sitharthan, Clemson, & Diamond, 2011a; Snelgrove, Jasudavisius, Rowe, Head, & Bauer, 2012).

1.4. Challenge of non-binary gender identities

For those who identify as not having a binary gender, they face the challenge of negotiating a society and finding their place in a society that is gendered almost universally as being either male or female.

Western cultures are almost universally divided by binary categorisations of gender, with roles, clothes, language, sports and toilets all being divided accordingly. It can be argued that the individual who does not place themselves within the binary gender system may face the additional challenge and possible exacerbation of distress, in finding their place in a binary gendered society (Rooke, 2010).

The dominance of western society's gender binary discourse presents as an additional challenge (Wiseman & Davidson, 2012). Wiseman and Davidson state that "[the] naturalistic discourse divides the world into masculine and feminine roles without exploration or critique, and makes unacceptable, even unnatural, other forms of gender expression." The English language itself does not currently allow for non-binary gender identities. If language does not permit the existence of such identities, this presents as a challenge for those with non-binary gender identities in having to negotiate with society their place in the world.

The appearance of non-binary young people may sadly be noticed and negatively responded to by others in their everyday lives, both by strangers and by those known to the young person. Others may wish to position the person within the gender binary, as gender is often considered to be synonymous with biological sex and there is little, or no acknowledgement that there are other possibilities (Wiseman and Davidson, 2012). This may put the young person at increased risk of harassment and abuse.

Additionally the current legal system in the UK does not permit the recognition of non-binary gender identities. This omission, may make it even harder for a young person to find their place in the world, when legally their gender identity does not exist.

1.5. Understandings of non-binary gender identities

Most research into developing understandings of gender variance focus upon those who are transgender and does not specifically consider the exploration of those with non-binary gender identities. This research has also mainly been conducted with adults and in American populations.

An American exploration of college students (aged 18-22) who had a trans, queer or questioning identity shared how they use a variety of terms to describe themselves that change over time (Johnson, Singh, & Gonzalez, 2014b). It was important to the participants that they had support in developing the language that accurately captured their identities as such a vocabulary may not be known or yet exist in the English language. A similar study, which analysed the discussions of a gender queer youth group also highlighted the importance of language. Saltzburg & Davis (2010) highlighted the search for a language to talk about their lives that did not carry the limitations and pejorative connotation of the current gender discourse. This group of young people wanted to locate themselves in a world where they were not seen as “out of the ordinary” but were a “variation of the ordinary”.

Emerging evidence of how those with gender variance understand themselves has highlight how gender identity is fluid (Kuper, Nussbaum, & Mustanski, 2012; Nagoshi, Brzuzy, & Terrell, 2012; Saltzburg & Davis, 2010), shifting with time, situations and people in their lives, but this did not equate with confusion of identity (Johnson et al, 2014). Others have described their gender as something that is done and communicated, rather than a static quality, with a playfulness and enjoyment in their difference (Claire & Alderson, 2013). One participant in Claire et al’s (2013) analysis joked “If I ever get pregnant, I’ll have to grow a beard”.

Saltzburg & Davis's (2010) analysis began to attend to the impact that other people may have on young people understandings and descriptions of their own gender. It was important that there was concordance between their internal sense of gender and how other people perceived their gender. The young people described an illumination of their understanding of gender that emerged through the shared dialogue with peers who were also in the process of discovering their gender.

It has also been highlighted that many trans people want to communicate with others and with society their gender identity, their gender expression in a way that is congruent with their internal sense of self (Claire et al, 2013) and how their current gender identity and expression does not match the sex that they were assigned (Johnson, et al, 2014). Qualitative research with adults who have trans identities revealed an understanding of gender as being socially constructed and not essentialist or binary (Nagoshi et al., 2012).

No studies have been identified that consider how children and young people who self-identity as being non-binary understand and describe their gender identity.

1.6. Rational and clinical relevance

The research presented here has shown that there are a number of limitations and omissions to the current understanding of non-binary gender identities. (For the purpose of this research I will use the term non-binary gender, however, it is acknowledged that this term may not be fitting for all with such identities). Most research focuses on gender variance as a whole, with very little attention being given to those with non-binary gender identities. The existing evidence base is also largely focused upon adult and American populations. The age range of the participants was chosen as gender variance becomes apparent in children at a young age and support maybe be sought by their families. However, minimal research has considered how younger children/adolescents describe their non-binary gender identity.

With the growing awareness and prominence of non-binary gender identities, along with the increasing number of referrals to gender identity services, there is a need to

improve the understanding of young people with such identities. As Wren (2014) has also noted, the increasing numbers of young people identifying with non-binary gender identities, along with the rise of postmodernist thinking in psychotherapy, calls for understandings by the intervening clinician of such identities, and tolerating uncertainty in ourselves, as therapist, and with the young people who are developing an understanding of their own gender identity. Non-binary gender identities are not a transitioning phase to the other gender, nor ambivalence of gender identity, but a gender identity in its own right. Many young people have been shown to be dissatisfied with general health and mental health services that they receive. By increasing understanding and knowledge it would be hoped that this would lead to the development of services that are more appropriate and considerate of those with non-binary gender identities. Improvement to services would ultimately be hoped to lead to further reductions in the distress experienced by some young people who identity as non-binary in their gender.

An improved understating of non-binary gender identities may also help to pave the way for the development of alternative discourses that avoid unhelpful binaries (Wiseman & Davidson, 2012), further activism, political change, public awareness and acceptance. The subsequent impact upon societal stigma, discrimination, and violence would ultimately be hoped to improve the mental well-being and quality of life of young people with non-binary gender identities.

This research is therefore important in providing knowledge for the clinical development of gender identity services and psychological interventions to help young people understand their non-binary gender identity.

1.7. Research aim and research questions

This research study aims to begin the process of exploring qualitatively how young people who identity as non-binary in their gender identity describe themselves. In addition the study aims to explore how this population experiences others and what they would want from services. The research questions that this study seeks to answer are:

- How do young people who identify as non-binary (neither male nor female) describe and understand their gender identity?
- What do these young people say about their relationships with regard to their gender identity?
- What, if anything, do these young people want from services?

2. METHOD

2.1. Epistemological and ontological position

Epistemology is ‘the study of the nature of knowledge and the methods of obtaining it’ (Burr, 2003), or *how* we investigate and conduct research to create knowledge.

Ontology is the study of being and existence; an attempt to discover the fundamental categories of what exists (Burr, 2003) or *what* is there to know.

For quantitative research the epistemology is usually implicitly realist (i.e. that research data directly reflects reality or truth) and epistemology is rarely addressed by quantitative researchers. For qualitative research, there are a range of epistemological positions that a researcher could adopt, which are often viewed as lying on a continuum, from realist to relativist (Harper, 2012). However, for simplicity, Willig (2012) has categorised knowledge as being: realist (what is actually occurring; truth is directly observable) at one end of the continuum; phenomenological (what is actually experienced by participants) in the centre of the continuum; and social constructionist (how participants talk about the world, and therefore how they construct versions of reality through the use of language) at the opposing end of the continuum. Willig (2012) further separates realism into naïve (or direct) realism and critical realist epistemologies. The critical realist position does not assume that the data directly reflects reality, but that the data needs to be interpreted in order to provide access to the underlying structures.

In determining the epistemological position of a piece of research, Willig (2012) poses three questions to the researcher, aiming to access the underlying assumptions. I have endeavoured to answer these questions below:

1. What kind of knowledge do I aim to create?

I aim to create knowledge of non-binary gender identities, how people describe their identity and to give voice to those accounts and descriptions that are often silenced and marginalised. The knowledge will also consider the social context in which these identities exist.

2. What are the assumptions that I make about the (material, social and psychological) worlds that I study?

Willig (2013) poses this question in order to consider the ontological perspective of the researcher, asking, what is there to know about the world? Firstly, I assume that non-binary gender identities are discussed but that there are material constraints on the extent both too which people can access these discussions and to which they are generally accepted. I take the position that non-binary gender identities can be explored through research (i.e. a critical realist perspective), however, I also take consideration of other possible influences that may inhibit the possibility of directly accessing this reality through research. Secondly, I make the assumption about the world, that no aspect of being human (including our own identities) exists in isolation from the social contexts in which we all exist and therefore, there are multiple realities and there is no one 'truth'. The concept of gender has been traditionally constructed in a social context and has determined the boundaries within which we should each adopt a binary gender (either male or female). However, I believe that this social construction of gender does not reflect the reality of gender as a continuum. (i.e. a social constructionist perspective).

3. How do I conceptualise the role of the researcher in the research process? What is the relationship between myself and the knowledge I aim to generate?

I conceptualise the role of myself as researcher as being one of giving voice to those who identify as having a non-binary gender identity and disseminating that voice to challenge wider binary gender assumptions and thus informing the development and delivery of services. Using the terminology of Willig (2012), I aim to take the role of 'investigative detective' in exploring non-binary gender identities.

The nature of the qualitative research process is dependent upon the researcher as the method of analysis, consequently this process will always be influenced by the researcher's assumptions and personal perspectives. I myself identify as female, which matches my natal (biological) sex, however, I do not believe that anyone is 100% male/female/trans female/trans male/etc. in their gender identity, myself included. With regard to the relationship between myself and the knowledge that I aim to

generate, I do not identify as non-binary, and therefore, will be external to the experience/knowledge/beliefs of having a non-binary gender identify. However, I also see my role as considering the wider social context in which we live and how this potentially impacts upon those who identify as non-binary (i.e. a social constructionist perspective).

A critical realist social constructionist (or moderate social constructionist or critical theory) epistemological position, has been adopted by this research. This position suggests that there is an inherent assumption that a pre-existing reality shapes how individuals construct their meaning of themselves and the world around them and that discourses can constrain how one should be in the world (Willig, 2013). In the context of the present research, reality can be viewed as the material reality of a person's body and ways in which gender is 'manifested' in it (i.e. genitalia), however, the wider social context imposes constraints and expectations upon how a people can express a particular gender identity (e.g. legal recognition of a non-binary gender identity). Data can inform us about this reality but it is important to go beyond the text and to consider the broader historical, cultural and social context (Harper, 2012). This epistemological position maps onto my personal beliefs and approach as researcher.

2.2. Implications for methodology

The aim of this research thesis was to explore and to gain rich descriptions and understandings of non-binary gender identities in young people, using an inductive approach. I was not aiming to test or evaluate any pre-conceived notions of non-binary gender identities, therefore a qualitative methodological approach was perceived as being appropriate. The aims of the research were also to understand non-binary gender identities from the position of young people themselves and not only those seeking physical interventions, and so I deemed semi-structured interviews would be an appropriate method, identifying participants from both statutory and non-statutory organisations.

As the research was not focusing upon language or linguistics (Discourse Analysis, Conversation Analysis), was not aiming to generate a theory (Grounded Theory), nor to

focus solely on experiences (Interpretative Phenomenological Analysis), Thematic Analysis was selected as the methodological approach as it provided the greatest flexibility and appropriateness in order to answer the exploratory and inductive research questions. Thematic analysis had been argued to be applicable across a range of theoretical and epistemological approaches including social constructionist paradigms (Braun & Clarke, 2006). As eloquently stated by Braun and Clarke (2006), thematic analysis can “reflect reality and unpicks or unravels the surface of reality” (Braun & Clarke 2006 p. 81), thus fitting with a critical realist social constructionist approach.

2.2.1. Thematic analysis

“Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within the data. It minimally organises and describes [the] data in rich detail. However, frequently it goes further than this, and interprets various aspects of the research topic” (Braun & Clarke, 2006 p.79). Once viewed to be a generic and poorly demarcated approach to qualitative research, Braun and Clarke (2006) challenged this assumption, advocating that thematic analysis should be viewed as a flexible research tool that can provide rich, detailed and complex analyses of data. The approach is not tied to any specific theoretical or epistemological approach.

Thematic analysis can be both inductive (themes drawn directly from the raw data) or deductive (theoretically pre-determined themes are searched for). For this research thesis, the themes identified will be strongly linked to the data, this has similarities with a Grounded Theory approach (Glaser & Strauss, 1967) in that the researcher endeavours to code the data without preconceptions and assumptions of pre-existing theories. However, it is acknowledged that it is never possible to completely remove researcher preconceptions and assumptions from the research process.

Thematic analysis can also consider both manifest (something directly observable or explicit) and latent (something requiring interpretation or implicit) level content. Most commonly, the identification of manifest content themes can point to a more latent level meaning (Joffe, 2012). In order to consider the social context and the social

construction of gender, themes will be considered at both the manifest and latent level, attempting to go beyond the semantic or surface level of the data and will attempt to identify underlying ideas, assumptions and conceptualisations. High quality qualitative work has been suggested to be both “dual deductive-inductive and latent-manifest themed” (Joffe, 2012).

2.3. Ethical considerations

Ethical approval was granted by the University of East London - School of Psychology Research Ethics Sub-committee, an NHS Research Ethics Committee and the local Research and Development Department (see appendices 3-5).

The research was focused on a potentially sensitive topic where individuals may have experienced distress, challenges, victimisation and stigma from society. Therefore, distress, risk, confidentiality and the protection of anonymity were important considerations throughout the research process. The information sheet given to participants and parents (if the young person was under the age of 16) detailed the set of procedures that would have been followed if a participant became distressed or there were concerns for the safety of the young person (see appendix 7). However, no participant became distressed, nor were there considered to be at immediate risk to themselves or others during the interviews.

2.4. Procedure and recruitment

Young people were recruited from a child and young person’s NHS gender identity development service and a third sector gender identity organisation.

The inclusion criteria were as follows:

- (a) Participants should be aged between 11 and 18 years of age.
- (b) Participants should have a non-binary gender identity.
- (c) Participants should be able to speak English fluently (financial resources were not available to fund the use of interpreters).
- (d) Participants can be pursuing physical interventions (hormone blockers) or not.

The upper age limit was set at eighteen as the aims of the research were to target children and adolescents, as previous research has focused upon young adults. Also, the services that were used for recruitment only supported young people until the age of eighteen. The lower age limit of eleven is acknowledged to be somewhat arbitrary, however, at age eleven young people will be moving into secondary education, are on the cusp of adolescence and the third sector organisation used for recruitment does not support young people under the age of eleven. Thus, there will be some homogeneity in utilizing a sample that is aged between eleven and eighteen. Furthermore, recruiting participants who were younger than eleven would mean that the method of data collection and the interview questions would have required considerable adaptation in order to have been age and developmentally appropriate. It therefore, would have been necessary to have had two groups, which was outside the scope of this research.

Clinicians in the gender identity service and staff at the third sector organisation identified suitable participants. Clinicians briefly informed them of the research and provided them with written information on what was involved and how to contact the researcher should they wish to take part (see appendix 7). Potential participants who contacted the researcher to express their interest in taking part in the research were provided with the participant information sheet and were given the opportunity to ask any further questions.

The use of clinicians as gate keepers ensured that the potential participants met the inclusion criteria and the clinicians were also able to utilise their clinical judgement in determining whether the participant was 'well enough' (not too distressed) to take part. Gatekeepers for recruitment were also required as the researcher did not have access to clinic records in order to directly recruit. The use of gatekeepers was also necessary as it was not deemed to be ethical for the researcher to directly recruit participants as this may have placed pressure on the potential participants to agree to take part in the research. The gatekeeper clinician had no personal gain from the recruitment, they simply informed the participant that the research was taking place.

Using clinicians as gatekeepers for recruitment had the potential to cause participants to feel pressurised to take part in the research; there may have been a concern that if they did not agree to take part this could detrimentally effect the interventions and

support that they were receiving from the services. Therefore, it was made clear that their decision to take part or not to take part in the research would not affect the intervention and support that they were receiving and their clinician/workers would not be informed of their decision to accept or to decline to partake. (see appendices 7-8 for the information sheets and consent forms)

A further limitation was that time pressured clinicians may not have had the capacity within their meetings with potential participants to inform them of the research.

2.4.1. Consent

Consent was sought from the participants and from parents/guardians for those who are under 16 years of age. The young person if aged 16-17 will be encouraged to inform and discuss their participation in the research with their parents/guardians. Participants were free to withdraw from the research at any point and were informed that any decision to take part to decline participation would not affect any support that they were currently receiving or hope to receive. (see appendix 8)

2.4.2. Interview arrangements and execution

The interviews were conducted at the location chosen by the participant. Two were conducted at the participant's home, three at the NHS gender identity development service and one at the University of East London. One participant chose to have their parent present during the interview. When interviews were conducted at the participant's home the safety of the researcher was ensured through implementation of lone worker procedures (NHS Security Management Services, 2009).

At the start of each interview the information sheet was reviewed with the participant (and their parent guardian if the participant was under the age of 16) and they were asked if they had any questions or concerns. The consent forms were completed and signed. A written sheet of resources/sources of support was then provided to all the participants (see appendix 9).

The interviews ranged in length from approximately 60 to 100 minutes and were based on a semi-structured interview schedule (see appendix 10). The language used within the interview questions was developmentally appropriate for the youngest

participants. The questions/prompts aimed to be non-leading in order to explore non-binary gender from a 'naive' and 'unknowing' position. Following the interview all participants were debriefed, whereby the participant had an opportunity to reflect on the process of taking part. Participants were also asked if they wished to be sent a brief summary of the research findings once the study was complete, which all participants requested. All participants were thanked for their participation in the research.

2.5. Participants

Six young people participated in the study. Their ages ranged from 15 to 18 years (mean age 16), all were natal female. No participants were excluded from the research, however, one participant withdrew from the study prior to interview without giving a reason. Participants lived in various geographical locations throughout the U.K. See table 1 for further profiles of the participation.

The sample size for this thesis was marginally under the typical sample size for qualitative research with this population (Guest, Bunce, & Johnson, 2006). However, this research was interested in a specific population from within a specific group. The sensitivity and personal nature of the topic as well as the fear of stigma and exposure is also likely to have impacted upon the recruitment research.

Participant number	Age	Gender identity description	Ethnicity
1	16	Non-binary /bigender/ he or they pronouns	White British
2	18	Agender/non-binary/they pronouns	White British
3	16	Trans male/male he or they pronouns	White European
4	15	Agender/non-binary/they pronouns	White British
5	15	Agender/non-binary/no gender/they pronouns	Mixed Asian
6	17	Non-binary/gender neutral/they pronouns	White British

Table 1. Demographic details of participants

2.6. Transcription

The audio recordings of the interviews were transcribed verbatim by the author. The transcription conventions were based upon the scheme outlined by Parker (2005) (see

appendix 12 for the scheme used). The data was transcribed semantically, with a high level of accuracy and rigour. The transcripts were checked for accuracy through listening to each interview, whilst reading the transcript and any errors amended. Lines were numbered and participant names were replaced with numbers to ensure anonymity. See appendix 13 for an example of a (worked) transcript.

2.7. The process of Thematic analysis

The process of analysis adopted by this research follows the six phase approach proposed by Braun and Clarke (2006).

Phase 1: Familiarising oneself with the data

The interviews were transcribed verbatim, which has been argued to be the first, and key stage, in becoming familiar with the data (Bird, 2005). The data were then analytically and critically read through, and notes of initial ideas of what is interesting will be made. A list/summary of what was interesting was written for each interview in order to aid later comparison between interviews to be made. (see appendices 13 and 14 for an example of an annotated transcript and summary of what was viewed to be interesting)

Phase 2: Generating initial codes

The generation of initial codes was focused on the most basic aspects of the raw data and what was considered to be interesting to the researcher. The codes were closely connected to the raw data and took the form of manifest codes. These initial codes allowed the data to be organised and grouped together. The process of generating codes was systematic, comprehensive and thorough, with equal attention being given to each data item. (see appendix 15 for a list of codes for the data set)

Phase 3: Searching for themes

Once all the data had been coded, the process of analysing and sorting the codes into broader level and overarching candidate themes that have a central organising concept was begun. Possible relationships between the codes, sub-themes and themes were searched for. A theme has been defined by Braun & Clarke (2006 p. 82) as

“something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set”.
(see appendix 16 for an example diagram used in the search for initial themes)

Phase 4: Reviewing themes

The candidate themes were then be reviewed to determine if the candidate themes really are themes and whether themes should be separated or collapsed together. “Data within themes should cohere together meaningfully, while there should be clear and identifiable distinctions between themes” (Braun & Clarke, 2006 p. 91). Transcripts were reviewed following the development of initial themes and amended as required. Thematic maps were used as part of the analysis, see appendices 18-20)

Phase 5: Defining and naming themes

The themes were then further refined and defined, examining the themes to ensure that the essence of each theme had been captured. A detailed analysis was then conducted for each identified theme, describing the ‘story’ of each theme.

Phase 6: Producing the report

The production of the report overlapped with the defining and naming phase of the analysis, as the narrative of each theme was described. Extracts from the data were taken to provide evidence for the themes. The narrative aimed to go beyond the text in order to consider the influence of contextual and societal factors.

In order to minimise the subjective perspective of the researcher, the researcher should be “aware of their presuppositions and to grapple with how they affect the research” (Charmaz, 2006). For the purpose of enabling personal reflexivity the researcher kept a reflective diary throughout the research process (see appendix 11 for an extract). This allowed the researcher to continually question and to remain curious of the possible impact of self and personal context upon the research process.

3. FINDINGS

3.1. Thematic map

Two higher order themes were identified during the analysis, both of which also contained subthemes (see figure 1.). Each theme is discussed with illustrative examples from the raw data. Participant number (e.g. P1 for participant one) and the line numbers within the transcript are indicated in parenthesis. Brief interjections from the interviewer have been omitted from the extracts presented here in order to improve readability. Words omitted to reduce length are indicated by ... and text added to provide clarity are indicated by square brackets [text].

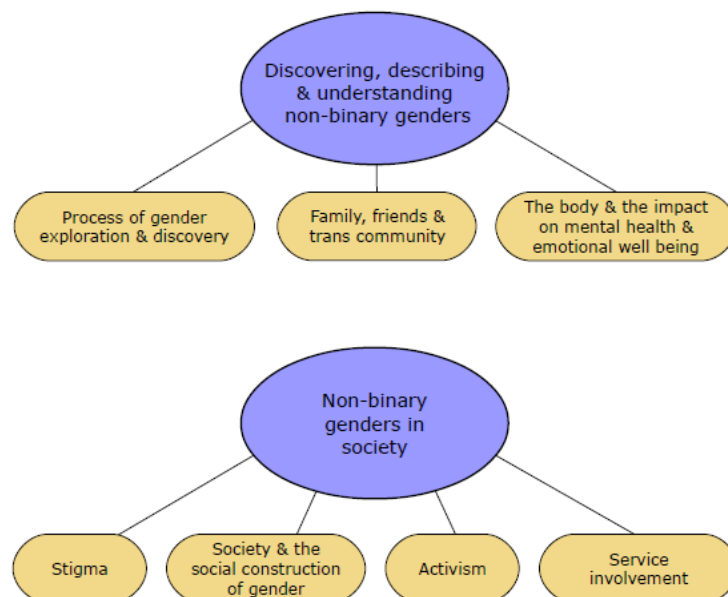


Figure 1. Thematic map of themes related to non-binary gender identities

3.2. Theme one: Discovering, describing and understanding non-binary genders

The analysis process indicated detailed accounts of how the participants described their gender, how they understood themselves and the journey that had led them to discover their gender identity.

3.2.1. Subtheme: Process of gender exploration and discovery

All of the participants reported how they were initially unaware of non-binary gender identities and had only had very limited awareness of trans gender identities as a whole. Gender was not talked about in their families or taught in schools (aside from the biology of sex) and so the young people reported how gender wasn't something that they had thought much about. This was often despite some uncomfortableness with their gender during their early years, however, their lack of awareness prevented them from raising it with others or even considering it themselves.

And he [friend who is transgender] first mentioned about there being such a thing as non-binary, and I was like, "Wait, what? That's a thing?! Like cos I'd never ever heard of anything about that before (P4: 156)

I've always known that... I wasn't really one or the other but I didn't really know how to properly title it, or that I needed a title (P6: 126)

The process of discovery was described as being both gradual and sudden, with some of the participants describing specific instances of realisation.

One of the first times that I saw myself as masculine, was, I remember it very clearly because I freaked out afterwards (laughs), my mum had given me this tie, that her friend's daughter had, and it wasn't a particularly, it was a girly tie, it was pinkish, I was into the rock and metal stuff, so it had skulls, so it looked feminine and I'd put it on and tied it up, because I loved ties. It was a cool tie and I saw myself in the mirror, with this tie and I flipped. It was both me and not me at the same time. (P3: 96)

Two participants described how the experience of a friend coming out to them as trans led them to question their own gender. The participants felt a resonance with the experiences and thoughts that their friends were describing, when gender was not something that they had previously thought about.

...my friend came out as being trans, as being male to female, and I had never thought about gender in any depth before, and I guess when you come into contact with people who are questioning their gender, it is the normal step to think about your own gender in more depth. (P1: 78)

Others described a much more gradual process of discovery, through feeling uneasy or uncomfortable in their natal gender. This was often described as occurring within the context of a change in their lives. As puberty began to change their body to a body that is socially constructed to be associated with being female, this seemed to move them further away from their felt gender or embodying a gender that they were comfortable with. For others, moving into an environment that was strictly gendered (e.g. attending an all-girls school) exacerbated their uncomfortableness with their natal gender. The gendered environment brought with it newly imposed expectations to be female, a female gender was now assumed and others now treated them as female and not just a person/child. Such changes in their lives led to further questioning and exploration of their gender.

Yeah, definitely as I started to physically change, I definitely saw a more, I guess when I was younger I didn't really see myself as a, it wasn't that I didn't see myself as a girl, it was more that I didn't really define myself. Like, solely by being a girl, I just knew that I was me and I didn't really care. But the physical changes like made it more [difficult]. (P5: 71)

You're put into this really gendered environment where you've got to wear a skirt. Called ladies, girls, that kind of thing. You're not even, obviously, asked any pronouns or what name you would use. It's just immediately assumed and it's really, it's a very gendered environment...and you start feeling uncomfortable with that and then you're like "Well, why am I uncomfortable with this?" And that just causes you to question a bit more, I think. (P4: 124)

The process of exploration and discovery of gender identity was described by the participants as a difficult and challenging time. During the process of discovery their gender identity and the labels that they used to define themselves may have changed

numerous times, before coming to settle in one place, or indeed being happy not to settle and to be gender fluid.

I had enough of an aversion to being female that I could tell that something was off, but I initially, well I initially thought that I was, non-binary, then switched to male, then I switched back to non-binary, because it's really difficult, especially when you haven't known anyone or had any experience, when there is nothing out there to tell you what it's like, then it's quite hard to find yourself (P1: 40)

There was individual variation in the extent of the challenge or struggle that the participants faced in discovering their gender. Some were much more able to tolerate ambiguity than others. One participant said that "it's not that I don't care, it's more that, I don't have the effort or the want to label it at the moment" (P5: 22), while another described wanting consistency and finding the not knowing difficult - "I like consistency. Which is why the questioning wasn't fun...it was just too much." (P2: 88)

However, upon discovering their gender, or lack of gender, this appeared to bring a sense of relief that they had 'found themselves'. This was viewed as exciting and brought a feeling of euphoria.

It was just like a little light bulb had gone ping! Suddenly my clouded head of, "Oh, you don't know what you are", [disappeared] and it was nice just to find out who I was instead of drifting around not really understanding. (P6: 139)

The "light bulb" moment described by P6 above occurred when they realised that others have gender identities that were non-binary, and therefore they did not have to be either male or female but could also have a non-binary gender.

All of the participants reported to have used the internet as their primary and initial source of information during the process of exploring their gender.

The internet was such a valuable tool that if I hadn't had access to that then I probably wouldn't have made the progress that I have. (P6: 183)

YouTube, blogs, forums and other websites were all utilised by the participants. Online resources that specifically featured other trans and non-binary young people talking about their gender were frequently described as being a useful resource. It seemed that the internet, allowed them to learn about gender, different gender identities, to explore whether different genders fitted with their 'felt gender' and therefore, to discover their own gender identity.

I have learnt a lot more about myself from You Tube, especially a You Tuber called [name]. Who is ftm, and I remember that I just stumbled upon his You Tube channel somehow. And watched like all of his videos on transgender stuff. And I remember I just sat there, like "what", and I was just like convinced that, I was exactly what he was. But then I discovered so much more, I wasn't really aware of non-binary genders and other stuff. And so it was from there that I thought, I knew that I was trans, but that opened up a lot of more. (P5: 53)

In addition to the internet, the participants described talking to their friends and other trans young people in helping them to explore their gender identity. The personal and lived experience of other trans and non-binary people was particularly valued and was perceived as a resource with greater realness and credibility.

I think that my friends have helped me to understand my personality and where that fits in on the masculinity, femininity spectrum....they helped me to understand who I am as a person from kind of an objective point of view which helped me to solidify the non-binaryness. (P1: 146)

Many described comparing themselves to the gender identifies of other people (both online and in person) as part of the process of exploring whether their own gender was similar or different.

It was just being introduced to different people, with different identities, because it was definitely just meeting different people, it just made it so real. And kind of, obviously, well not like obviously, I use Instagram a lot and social media. I had seen like gender queer people on different social medias and I had talked to some, but in person it is very different, very real. So that definitely helped, just understanding that it is real. (P5: 295)

A number of the participants also described the validation of their gender was an important part of the process of exploration and discovery. Validation appeared to provide reassurance and confirmation that their gender was real, permitted and accepted by others and thus provided some feedback or confirmation that a non-binary gender was where they felt most comfortable.

When you are questioning yourself, and your gender, what you are searching for is validation, that's really important, especially when you are doing [it] covertly, because, when there is no one in real life...that you can really talk to, you want validation. (P1: 123)

All of the participants described a 'felt gender'. They knew that they had and preferred a non-binary gender identity by how they felt and how they thought about themselves. As a person with a non-binary gender, they described feeling the least amount of dysphoria with their body, felt that they were able to be themselves and where they felt most comfortable.

If I think about myself as alone in a room, what do I feel like inside, and for me I personally didn't, I don't know if other people, but I just didn't see a specific gender, I just wasn't specifically male or female, so that led me back to non-binary. (P1: 45)

As part of the process of discovering their gender the participants felt gender and sense of themselves led them to select a term that most closely reflected their gender. The labels that the participants used to denote their gender identities were diverse, with some young people feeling that a range of labels were appropriate. Non-binary

was described as a generic and overarching label for identities that are neither male nor female. Some of the young people preferred to use the term non-binary to describe their gender identity.

I describe myself as non-binary, just the general umbrella term (P1: 4)

However, other identities, subsumed within the umbrella of non-binary were preferred by other young people. Within this sample of participants labels used were: bi-gender (P1: 6), agender (P2: 6), gender queer (P2: 80), no gender (P4: 34; P2: 6), genderless (P4: 46), gender neutral (P6: 28) and trans male (P3: 23).

The labels were described as being all encompassing, fluid and gave them freedom within the label to be who they wanted to be. Two participants also described themselves as being gender fluid and that they had yet to find a label/name for their gender that was an accurate reflection of their gender and that they currently had no desire to give their gender or lack of gender any name at all.

I think that it is quite fluid at the moment, and I haven't really found one label that describes it perfectly. But at the moment, I feel a lot more a lack of gender, any gender, but it is all quite confusing, I don't really know. It's not that I don't care, it's more that, I don't have the effort, or the want to label it at the moment. Cos its fine (P5: 20).

The participants described how not only was the label important for understanding their own gender, but that it was also important in explaining and communicating to others their gender identity, perhaps facilitating understanding and acceptance.

Yeah it's been quite helpful in explaining as well. Cos then I've got something to give them instead of just non-binary cos there's so much in that. (P2: 102)

With regard to the experience of having a non-binary gender, it seemed that the participants felt a freedom from not being restricted in their lives by the gender binary

and the expectations, norms and roles that are often demanded of those who identify within the gender binary.

I can embrace all of it. I'm fine. Femininity is cool. Give me all the cool things. All of them. And I recently bought, shoes with flowers on them and everything. They were really pretty. I'm just like, "I'm not going to let my stupid, idea of masculinity get in the way. I'm not a dude. I'm going to get these shoes." (P2: 297)

This freedom from the binary also allowed them to have the sense of being the most genuine and authentic self that they could be, unlimited by the socially constructed and arbitrary nature of what has become male and female.

There is that freedom and lack of expectation in terms of gender expression. I think because non-binary doesn't really have any connotation to it that it allows people to see the person underneath and rather than their predetermined perceptions of what it is to be male or female. So it allows you, or it allows me to be the most genuine version of myself. (P1: 262)

3.2.2. Subtheme: Family, friends and the trans community

Families responded in a variety of ways to the young person adopting a non-binary gender identity. Some were very understanding, accepting and supportive.

My mother took it on pretty much instantly and I've described the changes to her and everything and she's alright. Took her a while to get to [new name], but managed it. (P2: 113)

However, at the other extreme, some family members refused to accept the young person's gender and made assumptions and negative judgements.

[My mother said that] it was a choice for attention... this wasn't permanent and stuff like this. That was really difficult, because, she was my mum, and I know

that she loves me, and that she is only trying to look out for me...it was really hard to see that she is caring when she has said all of this stuff that is pretty horrible. (P3: 348)

A number of the participants thought that there were generational differences in how different family members responded to their non-binary genders. Some thought that grandparents would be less able and less willing to understand, with young siblings or cousins being the most accepting.

[My Grandma] is a bit stubborn with it but I get it because she is from, like, a different generation and everything so they're going to have different opinions. (P2: 160)

Two participants had the assumption that their grandparents would not be accepting of their gender, however, upon informing them, they were pleasantly surprised that they accepted their non-binary gender without question, and with warmth and support.

Int: Were you surprised by how your grandparents responded?

P5: Yeah, I was, I was. They were like really good. I don't think they fully understand the concept of non-binary, but they were definitely ok with the whole transgender thing. And they were supportive in how they wanted me to do what was right. So it was really nice to get the support from them. (P5: 140)

A number of the participants described how younger generations are more accepting and more adaptable to change than older generations.

My sister, I think it's been easy for her to get used to it because she is so young and more adaptable to change. (P2: 144)

It is also likely that the younger generation will also be exposed to different genders and sexualities through social media and perhaps by other trans young people at

school, and thus are less shocked or dismissive of other genders and genders outside of the binary.

It seems that how families responded either made their relationship stronger and brought them closer together or conversely pushed them further apart. For some of the participants this was to the extent of distancing themselves from that family member or not having any contact with that family member at all.

She [mother of P3] said some really bad things, that's hard. I am still debating whether I remove her right to be my parent, like legally. Because I don't want her stepping in. Already I don't live with her, I don't want her fear getting in the way of my happiness. (P3: 354)

The participants also reported how their families were initially unaware of non-binary genders. The young people, therefore, had to spend a lot of time attempting to help them to understand their gender.

I've had to keep, like, re-explaining it to people because they've not been so aware of the non-binary stuff. So I've had to come out and then explain it. Then explain it again because they've been confused about certain things. Or they've forgotten completely. What I've said and what I meant. (P2: 273)

Some of the participants were surprised at the extent of their family's lack of awareness and of their knowledge of gender and the associated false assumptions and judgements that were often made. The young people reported how others often conflated gender with sexuality, assuming that having a non-binary gender was connected to sexuality.

Some of my family were like, it's a sexuality thing. Rather than a gender thing. And, because I came across this quite early on that gender is different from sexuality, it sort of came as quite a shock to know that other people didn't think that they were two separate things. So that was a bit of a shock... but it was understandable that they didn't know about it. (P1: 185)

Furthermore, gender expression and gender were often conflated.

I feel like I fit right here. With a lack of a gender. But still presenting in this way.
Because presentation is different guys! (P2: 286)

As with the responses of families, friends varied in their response to the young person having a non-binary gender and the provision of support they offered. Some accepted without question and friends appeared to be very important in helping the young person understand, explore and find validation for their gender. However, others did not want to try to understand and dismissed the young person's gender completely.

I've tried to bring up the whole thing of being non-binary. I've tried to bring up with them, not about me personally just about different genders and the reaction I've had has been awful. They've said "Oh I can't possibly learn all of this.", and, you know, "Oh, what are you talking about now? It's not true. It's not what happens. You need to think. Don't be silly. It's just an internet thing." ... if I told them it was about me then they would, I don't really know what would happen but I don't really care to find out. (P4: 284)

A negative response from friends was an exception to a mostly positive response, although it is likely that the young people will form friendships with like-minded people.

I think that my friends have helped me to understand my personality and where that fits in on the masculinity, femininity spectrum... they have been really, really supportive. I think that they helped me to understand who I am as a person from kind of an objective point of view. Again, which helped me to solidify the non-binaryness. (P1: 146)

As with family, sharing their gender and exploring gender with their friends seemed to strengthen the quality of their friendship.

I feel a lot closer to my friends...but then being able to be so open with them about how I'm feeling about gender and stuff has made everything a lot closer. Cos it's like, "Ah, well, I know you better now." (P2: 699)

All of the participants spoke of how much they valued their contact and relationships with other people within the trans community (including support groups and online forums). Being with other people who are non-binary (and transgender), having a shared experience allowed the participants to explore their gender in a space where they knew people would understand and accept them without question or judgement.

I started talking to this guy at my school called [name] who is also transgender. And because I go to an all-girls school, like he was out, like definitely, because he couldn't not be! And he definitely helped a lot. Because he recommended going to [support group], which I started going to which helped a lot. So I did learn a lot from the internet, but I did really help getting experiences from other people. And going to [support group] definitely helps a lot, cos I just get to meet people who are in the same situation. (P5: 92)

This provided them with a sense of safety and therefore, being in the trans community was one of the few places where the participants could relax, where they could be themselves and where their preferred name and pronouns were respected.

I think it gives you a space to relax in, because I am sure that for people who don't have supportive friend or supportive parents, it's a place where they can be themselves, and they don't have to think about their gender at all. (P1: 333)

A number of the participants had previously felt very alone in their exploration of their gender prior to becoming part of the trans community. Forming relationships with other non-binary and trans people seemed to solidify their non-binary gender, through others also sharing their gender and thus validating that having a non-binary gender was a real gender.

Int: What is important about meeting others in the same situation?

P5: It was really validating, because I discovered that I wasn't alone and it was so helpful because I hadn't met anyone who was non-binary and just like going there I was like "what"? I was really happy, because I like fit in quite easily because everyone else was quite similar. And yeah, I just really enjoy it, and it is nice to socialise as well. (P5: 100)

However, even with the trans community it was felt by one person in particular that those with non-binary genders were rarely considered or given as much focus as those with binary trans identities. Those with non-binary gender identities could be described as a minority within a minority.

Even at [support group] meetings they don't really touch a lot on non-binary stuff. There's only me and occasionally another non-binary person that goes. So they, they don't really put a lot of emphasis on that kind of thing but that's been the case with most groups and events that I've attended really. (P4: 484)

Within the trans community the participants also described how there was very much an ethos of helping each other with emotional support, advice and signposting to other sources of support (organisations, support groups, websites, shops for purchasing binders etc.) One participant described it as "paying it forward" meaning that the help and support should be passed from person to person within the trans community.

The first binder I got was second hand, from someone, and, with the binder he sent a little note, saying that he didn't ask for anything in return, but he asked me to pay it forward, I think that is a really important factor of the trans community, I think that we are a community that help each other... I like the concept of paying it forward. (P1: 475)

Families, Friends and the trans community thus play an important role in young people discovering, describing and understanding their own gender identities.

3.2.3. Subtheme: The body and the impact upon mental health and emotional distress

The body was described by the participants as important to their non-binary gender identity. However, the aspects of the body that caused them distress and to experience gender dysphoria varied between all of the participants.

The main constant difficulty is dysphoria. Because I do definitely get that. But I think that, but most of the time I only get it in my chest, and sometimes my hair (P5: 334).

The majority experienced emotional and physical discomfort in having breasts. The presence of breasts seemed to the participants as presenting themselves as female, which was not how they wanted to be perceived. In other words their body was preventing them from 'performing' their 'felt gender'. Consequently, some chose to wear chest binders and hoped to have surgery in the future.

The amount of dysphoria I have towards my chest, is quite large. And so, for me, top surgery would be something that I would want to have as soon as possible. But having to wait for a long time, and having to bind for a long time, with the mental effects and physical effects of that as well, so that is something that I am worried about. (P1: 417)

Similarly, there was also substantial variability between the participants in term of what physical interventions they currently hoped for in the future. Some wished for hormones, some surgery, some wanted both hormones and surgery while some wanted neither.

I didn't want to go off them [hormones] cos that would be too far in the female direction because then there would be periods again. That'd be the worst. That's always what brought me down. Cos, it was just a reminder every month. I don't want to be there. But then I don't wanna have all the facial hair either. And I'm fine with my voice. I'm fine with, that, basically my only problem is that I still have a womb and breasts and stuff. It's not fun. (P2: 1037)

All of the participants described the impact of gender exploration, gender uncertainty, and not yet feeling that they are living the gender that they wish to be had upon their mental health and emotional distress.

The process of questioning caused anxiety and an “inner turmoil” (P1: 82) for the participants. One participant described feeling very alone and isolated (P3: 150) as they questioned their gender. Two participants also described how they were often pre-occupied with their gender during the process of discovery and which was very distracting and tiring. (P1:340; P2: 386)

The unhappiness of being their natal gender was extreme for one of the participants who stated that at one time they said to themselves “I am either I’m going to do this or I am going to end up dead. I can’t do this.” (P3: 522). Two of the participants described the difficulty of not being out at school and how they felt that they were leading a double life, unable to be themselves.

It gets to the point when you look in the mirror before you go out to school and you just think, “I don't recognise this person.” You'll go out, you'll be at school, you'll be called 'girls', 'ladies', your friends will call you by your birth name and the wrong pronouns, it feels really odd...It's like being in somebody else's body...it's really weird. And sometimes you feel like there's almost like a separation, I feel like I have to lead a double life. (P4: 554)

On the occasions where the participants experienced negative reactions from others, this had an impact upon them emotionally. (See Subtheme 4.3.2. Stigma)

It seemed that the process of discovery and finding their gender helped to relieve some the emotional distress that the participants were experiencing. Feelings of depression were directly linked to gender by the participants.

I do see myself in a more positive way now ... so much help for my recovery from depression is coming from feeling so positive about gender. Cos that's been half of the reason I've been depressed in the first place. (P2: 652).

Despite the difficulties and distress that all the participants described there were also descriptions of a sense of pride in their gender and how difference was perceived positively.

I know who I am and I'm proud of that (P4: 386). I'll look at different people. I'm not really like that. I'll look at, like, men and women. I'm not like that and I'm not like that. I don't know where'd they'd fit anywhere but that's okay. I quite like that. (P2: 32).

3.3. Theme two: Non-binary genders in society

The analysis provides insights into the participants' understanding of the place and role of gender within society. They described the stigma of non-binary genders and how they wanted to see change to how society views and accepts non-binary genders.

3.3.1. Subtheme: Society and the social construction of gender

All of the participants were very aware of the extent to which western society is dominated by the gender binary and the challenges that this places upon them in their everyday lives. Participants described how the English language itself constrains and restricts the expression of gender differences.

There is no non-binary specific term, so anything that will specifically say that you are non-binary, like, you have sister, brother, mother and father, aunt and uncle, there aren't any non-binary terms. I don't want to be a sibling or a parent or a significant other, it feels really impersonal, and I want people to know that I am non-binary by just hearing that term, rather than it being ambiguous. (P1: 389)

Living in a gendered society results in others frequently misgendering those with non-binary gender identities, as society assumes that everyone is within the binary and will therefore gender you according to their interpretation of expressed gender. Many people within society may not be able to understand or accept the notion of gender being distinct from biological sex.

I get misgendered anyway, because of being agender and not everyone's gonna know, of course. Cos, the world's so set in the binary. [I'm] misgendered because the world is binary. (P2: 339)

The presence of environments that are gendered (schools, toilets and changing rooms) according to the gender binary is of a particular challenge to the participants. Some of the participants described how difficult it was for them in attending an all-girls school, especially when they were yet to 'come out' to school that they were non-binary.

School it is definitely harder, because I am in a very gendered place, because it's an all-girls school. I can't really escape the fact that, I'm at an all-girls school, and I am surrounded by a loads of girls, I'm meant to be one of them, but I'm not. So that is definitely a lot harder than like being at home and just like chilling. (P5: 275)

In their everyday lives, the basic activities of going to the toilet or trying on clothes when shopping was a constant concern, challenge and difficulty.

It's quite difficult cos there are, obviously there are a lot of facilities that don't even accommodate it, clothes shopping, for example. I can't go and try stuff on without people assuming and trying to direct me to different changing rooms. "No, I have chosen this preferred changing room cos it's the changing room I feel most comfortable in. Please don't make a fuss and say that, no you need to go into the other one." I've gone to try on clothes, not to do anything else. I want to know if this shirt fits. (P6: 424)

There is the indication here that the participant thought that the changing room attendant may be concerned that the participant may be attempting to do something inappropriate while in the changing room, basing this purely on their physical appearance.

The participants did not explicitly describe gender as being socially constructed, however, the data could be seen as presenting gender as such. The participants described the arbitrary distinction of what has been constructed by society to be male and what has been constructed to be female.

Clothes aren't gender in the first place, it's just cloth. Why do they need to be gendered in these categories? (P2: 327)

Int: What would you understand by masculinity, what does that mean to you?

P5: It's quite hard, because I know that, it's really hard, because I guess it is quite defined by society. It's hard because that doesn't really correlate to gender in my mind.

Int: How do you see it?

P5: I see it in the way that society presents it, which is what I want to do. But it is just what it is, which is, weird. I don't really like stereotypes but they are quite useful, when describing things like gender, because they are very complex. And I don't really know, but I guess masculinity to me is just stereotypically masculine traits. (P5: 217)

One participant also spoke of the importance of non-binary gender identities being legally recognised by society. It seemed that for this participant, legal recognition would provide further validation that non-binary identities are real, and would provide them with the permission and acceptance by society that they can be themselves.

Non-binary genders being legally recognised, is something that is really important to me...and it then being a normal thing, before or until it is legally recognised, doing this covert thing, not supposed to be doing this kind of thing,

and then when it becomes legally recognised, it becomes like a normal thing, it won't be such an odd thing for people not to identify as male or female. (P1: 144)

Again, although not transparently present in the data, the data could be seen to represent the suggestion that society itself, at the political and legal level, is limiting, constraining and discriminating the participants in their gender.

Also at the societal level, other participants spoke of feminism and gender equality, where their perspective was that many feminists are unaware of non-binary genders and that those with non-binary genders are often not considered in the struggle to achieve gender equality.

With gender equality, which, is becoming, it is definitely still an issue, but I think that it is becoming less of an issue in my life, and in western society. But, it is still very real, especially for non-binary people, cos it is obviously really good when like women are getting closer to being treated like men. But you are leaving out all of these other people who are like equally as important as men or women. So, it's quite hard, but like I am a feminist, but it is also hard to be around other feminists when they are unaware of non-binary genders. And [it] isn't me attacking them and being you are oppressing non-binary people, its more that so many people are unaware it is harder for gender quality, including non-binary people to happen if people are so unaware of it. (P5: 275)

A lack of accurate representation of non-binary genders in the media was also noted by two of the participants.

Obviously, you can turn on TV and watch ten films in a row and see no character of your gender. It's that kind of thing that you want to see. Not just representation but accurate representation. So things like, trans-people being played by trans actors would be really nice to see. Non-binary people being represented more and characters being written [for] more. (P4: 648)

With this lack of representation there is the latent implication that this perpetuates the lack of awareness and acceptance of other genders within society.

3.3.2. Subtheme: Stigma

There was the suggestion that the lack of awareness of non-binary genders fuels the presence of stigma within western society.

If people where more aware, then people would be more accepting, it would generally be better, because, it would be easier for non-binary people to live.
(P5: 259)

All of the participants described some experience of facing stigma and discrimination either directly or indirectly. The participants reported situations where others had asked intrusive questions.

She [friend of P3] was like, please don't get bottom surgery, please don't. And I was like "It's, not, your, decision, it was a little infuriating. Because, I don't understand why she'd care, because, my private are my privates, and they are private. And it doesn't matter, and it doesn't involve her. (P3: 319)

Some of the participants had also been rejected by others and experienced others refusing to acknowledge, accept or respect their gender by refusing to use their preferred name and pronouns as well as continuing to treat them as their natal gender. Other participants faced others making assumptions about their gender (being misgendered), suggesting that their gender was not real, was just a phase, was just for attention, or was a lifestyle choice. Another way of looking at this could be to say that these young people were being denied their gender identity.

It's when people deliberately misgender you. I've had a couple of instances online and it's just like "Yea. No thanks." And, you know, deliberately being called the wrong pronoun. It literally says, I've literally told you here what my pronoun is and your refusing to use it. (P4: 354)

There was also an awareness of wider transphobia and the potential for stigma, harassment, abuse and violence. Participants had experiences of bullying, harassment, and being stared at because of their gender. Living with the very real stigma, discrimination and victimisation of having a non-binary gender also had a negative impact upon some of the participants, causing them to feel upset, scared and often angry. Although not transparently present in the data, the discourse seems to represent the concept of minority stress; with the experience of harassment and discrimination being detrimental to their well-being.

A group of boys came up to me from another school and I didn't know who they were, they didn't know who I was and the stuff they were saying was very trans-phobic and it was just horrible... And just knowing that there are people out there who don't agree with it and are against it, it's quite scary. Cos, had they not walked away when they walked away I was genuinely scared that something might have happened. That would have been the first time that something would have happened to me personally. Cos I've read about incidents and stuff, but never have I actually experienced it. And that made me realise, "the world is real and the world is scary." (P6: 249)

The potential for harassment or violence was a source of concern and fear for the participants who took care to keep themselves safe and to avoid potentially risky situations. This fear seemed to play a role in some of the participants not feeling safe enough to reveal their gender identity in certain contexts.

I don't really try to broadcast it a lot because I am a little afraid, because you do hear a lot of stuff about people getting beaten up and that's why I haven't really come out at my school and not only because the toilets are abysmal and so gross (laughs) But it's also because a lot of the boys are like stronger than me and are quite homophobic and transphobic, and I don't feel safe there. (P3: 280)

There was also a concern that the stigma and discrimination for those with non-binary gender identities could potentially have a negative impact upon their future.

I worry what could happen to me in the future if society doesn't become a more accepting place. I always worry "Oh what, what's going to happen, what am I going to do?" (P5: 532)

3.3.3. Subtheme: Activism

All of the participants spoke of wanting to be involved in activism and to raise awareness of non-binary gender identities. It seemed that they were keen to be able to make changes at all levels of society in order to challenge stigma, help others and to make theirs and other non-binary people's lives better as a result.

If school had been much more accepting of trans people, if school had even taught me about what trans meant and things like that, that would have helped me. Especially, even at primary school, if I'd been taught about that then, then I might have found out earlier and wouldn't have had to go through [so much].
(P4 816)

Some of the participants were already striving for change and were also involving themselves in activism with others within the trans community. The ways in which the participants were beginning to make changes to the binary world that does not provide a space for them were diverse and varied in approach. A number of the participants had sent emails to organisations that were using demographic data collection forms that did not consider non-binary genders. Other displayed posters in their school and tried to make themselves available to answer student's questions (as long as they were respectful), while others attempted to set up support groups in school and had created awareness raising videos as part of LGBT youth groups. One participant challenged their school uniform policy of insisting that they had to wear a skirt, despite initial resistance they were able to wear trousers to school and paved the way for other non-binary young people in the years below them at school.

I managed to get it changed, like, near the beginning of the year in sixth form now. I'm like, "I can't do this anymore." So I just went in trousers. (Got told off but they couldn't send me home anyway because I was coming home midday. Good times. Yes! And there's no point in sending me home, and so they just let me wear trousers after that. (P4: 1202)

All of the participants spoke of the importance of education and awareness raising at all levels, but particularly within schools.

I think education does need to change because, people like me are having to learn off the internet and that is not an ideal place to learn. I think if schools could right from a very early age, if schools could start by, teaching kids about gender, trans, non-binary. About the fact that, "do what your gender wants". If schools could teach that from a very early age. Age appropriately and just keep going with it, cos you don't get it mentioned. In fact, you've still got real old fashioned biology, "There are two genders. They are determined by sexes." And it's like, "This is from the fifties! Sort it out guys!". (P4: 779)

One participant also specifically connected the impact that early education could have on the mental health of young trans people.

[If] they had to teach it and it wasn't just a glossed over lesson in a text book... because, it would, I think, it would help a lot of people with their mental health. (P4: 806)

The process of awareness raising was also reported to potentially be important to the reduction of stigma within society. If society and individuals within the society are not aware and do not have an understanding of non-binary genders then it would seem that stigma would be more likely. Ultimately, education could be hypothesized to be helpful in reducing stigma.

It's nice to, like, help other people understand. Because if they don't understand then they probably won't approve. Cos they won't know about it.
(P2: 841)

In addition to the raised awareness of non-binary gender identities, there were also a number of specific changes that the young people spoke of that would make their lives easier; Gender neutral toilets and changing rooms, legal recognition and greater gender options and titles (e.g. Mx) on application and other forms.

3.3.4. Subtheme: Involvement with services

Five of the six participants were accessing (or had been referred to) NHS gender services. The one participant who was not currently accessing NHS services did not feel that this was something that they needed at the present time. All of the participants were attending other support groups and organisations supporting young people with their gender.

The participants who were accessing the NHS for support with their gender development were at various stages in the process, from waiting for their first assessment appointment or transitioning to adult services. Those that had begun to receive support, valued the space to explore their gender identity and the facilitation of family sessions.

I think that it has definitely helped, like a lot. Because I have been coming to the (service) for six sessions, but it has definitely helped as it has allowed me to talk with my parents a lot more about it. (P5:416)

However, the participants also described how they had had experiences that led them to believe that services (NHS, schools and other organisations) often did not have an understanding or awareness of non-binary genders.

Three of the participants had not yet talked to their school and teachers about their gender identity. For those that had talked to school and teachers, the responses and

the amount of support offered varied. Some were very supportive, despite having very little awareness of non-binary genders, however, others were dismissive and one participant was not permitted to set up an LGBT group in their school because there were concerns about this being seen as an attempt to “recruit” (P6: 705) others.

Five of the six participants had visited their GP regarding their gender identity, some reported to have had good experiences and had been quickly referred onto gender identity development services. However, others reported very negative experiences of GP’s dismissing, invalidating and negatively judging them when they attempted to seek help and support.

I went back twice it was a nightmare, the first time I went I saw a doctor and she had no idea what she was dealing with ...she, freaked out and didn't know what was going on. She was like, “Just, just go and see your regular doctor. I'm sure you'll be fine.” So I went to the normal doctor that I normally go and see and ... she completely dismissed it. Invalidated me. [She] didn't, in any way, shape or form, try and make it, try and be helpful particularly. I just got a case of “Oh, you're making it up. Go away.” (P4: 679).

There was also a belief by some of the participants that gender services had a lack of awareness and a lack of experience of non-binary gender identities. Some felt that they had to explain to the professionals what a non-binary identity was.

I think it's because they've probably mostly dealt with binary trans people. Which makes sense, there are a lot of them. But I felt like they should have known more, since they work with genders. It would make sense to know about other genders. (P1: 1020)

There was also concern and worry for some of the participants that they would be discriminated against in their access to physical interventions. One participant also reported that other non-binary friends who had accessed NHS services did not disclose their non-binary gender identity through fear it could potentially prevent them accessing the physical intervention that they wanted.

I've know people who have pretended to be binary trans in order to get the support that they want. And it is really sad that these amazing people are being misgendered to get the help, and they don't deserve that. One of the things that I was worried about in going to the (service) was that would they just see me as a transman, just as another transboy, would they deny me my identity would they not treat me because I am non-binary or not help me. And that is one of the things that I really worried about, but I thought well I will do this anyway and stick to who I am. (P4: 885)

One of the difficulties that the participants raised with regard to NHS services was the waiting time for appointments.

The period between going to the GP for the first time and getting my first appointment at the (clinic) that was quite a difficult period as it was such a long period of inactivity. (P1: 242)

A number of the participants also described how they were rarely given suitable gender categories on forms that services ask them to complete.

I think that in terms of general NHS stuff, there should be two categories, so a gender category and a biological sex category, because I think that it is important for your gender to be recognised, but I also understand that it is important for medical services to know your biological sex and also for you to be addressed in the right way, so I think that that is a good idea. (P1: 438)

It seems that services are making efforts to change their practice of attending to a person's gender, as seen by this young person being addressed by their preferred new name, however, their title had not yet been changed as so there are also further changes and improvements to be made.

And, like, they put my actual, like, name on the screen when they, like, come in now. So that's good. They do still have Miss which looks a bit strange Miss [new name]. (P2: 1002)

4. DISCUSSION

4.1. Summary of the findings

This thesis aimed to qualitatively explore non-binary gender identities in young people. The aim was that the research would provide insight into how young people with non-binary gender identities describe and understand their gender identities, the importance of relationships with others and what these young people may want from services.

The findings of this research suggests that young people with non-binary gender identities are not only discovering who they are as people but are also creating and challenging the rigid social constructions of gender. The participants described the process of gender identity exploration and discovery, with phases of gradual and sudden progress. The internet, specifically YouTube and blogs of those with non-binary and other gender identities allowed the participants to learn and educate themselves about gender and genders outside of the binary. Talking to others both within and outside of the trans community provided them with the space to explore, discover and find validation and acceptance of their non-binary genders. In discovering their gender, the participants described a 'felt gender'; a non-binary gender was where they felt most comfortable, where they felt that they were closest to their 'real' self and where they experienced the least gender dysphoria with their body. The body was a source of distress for the participants. Having a body that did not match their gender identity was uncomfortable and distressing. However, they described having a non-binary gender identity as giving them a freedom from the gender binary. This is reflected in how they performed their gender, their physical appearance, the language that they used and how they wished to be perceived by others. There was also a sense of pride in their gender and an enjoyment of their gender variance.

This research suggests that relationships had a significant impact upon the young people as they explored their gender identity. The impact of gender uncertainty and body distress on their emotional wellbeing could be exacerbated or mitigated according to the response and support received from others. The young people that

took part in this research were very aware of negative judgements of those in their community and also within wider society. They had personal experience of bullying and harassment and had to limit and restrict their lives in order to look after their personal safety. The fear of harassment and violence was significant for the participants and impacted upon their emotional well-being. The stigma and discrimination was thought, by the participants to be fuelled by the lack of awareness and education of gender and non-binary genders. Consequently, there was a desire for activism and social action to reduce stigma and to improve the everyday lives of those with non-binary genders.

4.2. Theoretical implications of the analysis

A discussion of the findings of the research in relation to the research aims and research questions is now offered with reference to the existing literature.

4.2.1. Discovering, understanding and describing non-binary gender identities

The first research question this thesis aimed to answer was: how do young people who identify as neither male nor female (non-binary) describe and understand themselves? Previous understandings of non-binary gender identities in young people have only received minimal research attention. The young participants in this research thesis provided rich descriptions of their non-binary genders, what they understood a non-binary gender identity to be and even went beyond the research aims, giving insights into how they explored and discovered their own non-binary gender identity. Although discovery and exploration of non-binary gender identities was not a research aim, the data demonstrated the importance of this process and so could not be overlooked.

It seems that these young people are very aware of the binary nature of gender in the western world and the expectation that is placed upon them to conform to what has been constructed to be female and which would match their natal gender. They appeared to be following the broad but growing trend in western contemporary culture of challenging the binary assumption of gender and where constructions of

gender are also becoming less rigid, as seen by those such as Eddie Izzard and Grayson Perry. The participants had a felt sense of themselves that was inconsistent with the binary categorisation of gender that was imposed upon them. This 'felt gender' has been described by others as an internal sense of gender (Saltzburg & Davis, 2010). The discordance between their natal gender and felt gender caused them to feel uncomfortable in their body. There was also discomfort in the names and pronouns that they and others were expected to use; the clothes that they were supposed to wear; and the way in which they were expected to present and perform their gender.

The discomfort in their natal gender led to the initiation of the process of constructing their gender and not simply accepting the gender that matched their sex (or the sex that had been socially constructed for them). The searching out of information, finding others who have non-binary genders, talking to others about their gender, discussing gender with others within the trans community and testing out how other possible genders felt (with non-binary names, pronouns, clothes, and presentation of self) led the participants to discover or socially construct their own non-binary gender identity. The possible process of gender self-conceptualisation has been theorised by others such as Bussey (2011).

This process was challenging and complex, requiring the participants to sit with their uncertainty for periods of time. During the process of gender discovery, the young person may pass through many gender identities. Johnson, Singh, & Gonzalez (2014) also found great variety in the terms that young trans, queer or questioning people used to describe themselves and how the terms preferred changed over time. The participants described testing out various labels in their search to find what most closely fits with and feels to be their 'felt gender'. A number of the participants saw gender as not being static but as fluid and predicted that it would change throughout their life time, as many post-modern theorists have argued (Dozier, 2005). Gender fluidity was not perceived as gender confusion, but as a gender identity in its own right, which has also previously been suggested by Johnson et al. (2014). It seemed that the young people who took part in the research had settled upon a non-binary gender identity, however, there was potential for movement/gender fluidity within this gender.

Non-binary genders were described as providing a freedom from the gender binary. The young people were not limited or restricted by western gender norms and expectations. A non-binary gender identity allowed them to be the most genuine and authentic version of themselves. They presented and performed their gender by their clothes, hair and physical appearance with the hope that others would respect their gender in their interactions with them. They wished to be seen as non-binary, for others to be respectful of this and not to misgender them. However, this was not always possible, with a number of the participants hiding their gender from others, and described living a double life, for example, presenting as female at school but non-binary at home.

The body was a particular focus for the participants, especially in relation to how they were able to perform their genders to themselves, as well as an act of conveyance and communication to others of their gender. This performance, therefore, influenced how others perceived and responded to their gender. Previous research has also highlighted the importance of the concordance of an internal sense of gender and how others perceive their gender (Saltzburg & Davis, 2010). The body was also a source of distress (see Bandini et al, 2013), where their natal female body was not concordant with their gender identity. The extent of their body dysphoria varied between the participants, as did the location of the dysphoria in their body. Consequently some wished for hormones, some for surgery, some both and some neither. There is limited previous research of perceptions of the body in young people with non-binary gender identities, however, the presence of body image difficulties and eating disorders in young people with gender variance has been demonstrated (e.g. Couturier, Pindiprolu, Findlay, & Johnson, 2015). It could be hypothesised that those with non-binary gender identities are able to perform their gender in a way that is a close enough fit to their gender, and therefore are able to manage their distress to some extent. In other words, as stated by Wren (2016) these young people are “part of a generation of young people who are more comfortable not being absolutely binary male or female...young people [also] chose not to have genital surgery, they’re getting into relationships with non-trans and trans people and they’re just boldly out there, trying to live with a body that would once have been seen as anomalous. They’re trying to

make it more mainstream to have a line-up of bits that aren't the norm. There's a lot of pioneering young people."

The performance of gender through the body aligns with Judith Butler's performative theories of gender (Butler, 1990) where she argues that from the moment we are born, we are assigned our gender and are exposed to a series of social processes that encourage the formation of this gender so that it is concordant with one's sex. Yet, the young people that took part in this research are actively resisting this process. They are challenging the social processes that have determined how they are expected to be, not just in terms of being male or being female but with regard to the arbitrary social construction of having to be male or female and the elements that make a person male, female or non-binary. The young participants are also seeming to illustrate the assertion of Connell (2012), who suggests that gender is in fact an illusion that does not exist in reality, or at least that gender only exists in terms of how it is performed and the social understanding of this performance.

All of the participants described some experience of emotional distress (depression, anxiety, suicidal ideation). The presence of psychological distress has been reported by numerous other studies in young people with trans identities and genderqueer adults (e.g. Budge, Rossman, & Howard, 2014; Skagerberg, Parkinson, & Carmichael, 2013). However, the participants did not talk of their distress in relation to a mental illness or a diagnosis of gender dysphoria, instead it was perceived to be the result of gender questioning, body dysphoria and the effects of minority stress. Participants also described the happiness and euphoria felt upon finding a gender identity where they felt comfortable and that they were able to embody. With this there was also an expression of feeling proud of their gender and their gender variance, there was a playfulness and enjoyment in being able to embrace everything (masculine or feminine) and to be 'different' regardless of how this is perceived by others and society. Claire & Alderson (2013) in their exploration of gender non-conformity in adults found a similar presence of playfulness and celebration of gender difference. Thus the findings of this research would suggest that young people with non-binary gender identities should not be pathologised, should not be given a mental health diagnosis, nor will they necessarily require support from services. One participant in

particular did not currently have any need to access any mental health or gender service.

The participants felt gender and sense of self led them to select a term that most closely reflects their gender. Non-binary was viewed as an umbrella term with other labels (agender, bigender, gender neutral, genderqueer, no gender) being subsumed within. This organisation and terminology is consistent with previous research into the descriptors that young people are using (Johnson et al., 2014a). The selection of a label was important in their self-discovery, but it was also important and useful in their communication to others of their gender identity, seeming to facilitate understanding and acceptance.

In light of the social constructionist critical realist epistemological position taken for this thesis, it should be noted that the notion that there is such a thing as a 'real', 'true' or 'authentic' self can be debated. The participants here are searching for their 'true' self which is acknowledged and respected, however, the existence of a 'true' self is not uncritically accepted or reified, as a social constructionist position would suggest that we have many selves and one version is not any less or any more 'true'. Nevertheless, people frequently speak in these terms, so to this extent this is a social reality and it offers a ready-made language in which to discuss issues of identity. The idea that there is some 'true' or 'authentic' self is pervasive throughout the world.

4.2.2. Relationships and their affect upon young people's gender identities

The second research question this research aimed to answer was: what do these young people say about their relationships with regard to their gender identity? Some family and friends accepted and supported the young person without question, while others rejected, refused to accept and intentionally misgendered them. There was a suggestion that this was a generational effect, with older generations being less understanding and adaptable to change. However, this was not clear cut, when some younger people also refused to even consider the existence of non-binary gender identities. A factor that did seem to be influential in the response that others made to the young person with a non-binary gender identity was the individual's lack of gender

awareness and the existence of genders outside of the binary, or indeed their willingness to learn about other genders.

The support of family, friends and the trans community appeared to be highly important to the participants. The benefits of social support for emotional well-being for young people with gender variance has previously been recognised (Budge et al., 2014; Simons et al., 2013). When support was not available, particularly from parents, the breakdown of relationships occurred for some of the participants, possibly resulting in an exacerbation of distress. This is consistent with previous findings that lack of parental support can lead to conflict within the family and exacerbates the distress of the young person (Malpas, 2011).

Support from other non-binary young people and others from within the trans community provided the participants with a space to share experiences, explore their gender further, receive validation of their gender, unconditional acceptance as well as a space to relax and not have to worry about negotiating the binary world. Saltzburg & Davies' (2010) analysis also demonstrated how sharing experiences with friends who are also in the process of discovering their gender aided self-gender exploration.

4.2.3. Non-binary genders in society

The aims of this research were not to specifically explore how young people with non-binary gender identities understand their place within their wider context or within society, however, the analysis found that society played a substantial role for them in 'allowing' them to embody a non-binary gender identity. As noted above the participants were very aware of living in a world that is perceived to be strictly divided by binary categorisations of gender. They described how the English language limits and constrains their identities, especially in terms of pronouns and name titles. Foucault (1978) has described language as being both the descriptor and the actor, reinforcing the binary social construction of gender. The participants had direct experience of others continuing to conflate sex with gender, sexuality with gender and gender expression with gender identity. It seems that biological sex serving as the 'master status' or 'coat rack' upon which gender is hung, as argued by Nicholson

(1994), is still a dominant perception of gender within society. This was a frustration for the participants, yet this finding reflects the lack of awareness and consideration of genders outside of the binary by society. Furthermore, the participants also described gender as being socially constructed, as have adults within the trans gender community (Nagoshi et al., 2012), and the arbitrary distinctions between what is considered masculine and what is considered feminine (e.g. gendered clothing). Yet, many within their immediate and wider social context still perceived gender as biologically determined.

The challenge of a non-binary gender within a largely binary world was discussed by the participants, and highlighted the same challenges that previous research had highlighted (Rooke, 2010). The dominance of the gender binary also results in frequent misgendering by others in everyday situations, as it is assumed a person is either male or female and this will be determined by their physical appearance. Toilets, changing rooms and other binary gendered environments such as all-girls schools were difficult to negotiate for the participants. The ongoing bathroom debate currently occurring in the USA (e.g. Hirschfeld & Apuzzo, 2016) reflects the tension that exists between the lack of consideration by wider society of the needs and spaces of those who are transgender and those who are also non-binary. In the US it seems that a lack of awareness and false assumptions fuel the stigma and discrimination of those who are transgender. However, there has been some resistance to the implementation of these laws providing some support for non-traditional constructions of gender with companies such as Target advertising that all customers are permitted to use the bathroom that they prefer and several large music companies pulling out of states that have passed such discriminating laws.

The experience of stigma, discrimination, bullying and harassment against the participants because of their non-binary gender identities supports previous research findings of wider trans populations (Clark et al., 2014). These experiences were a significant source of distress for the participants, leading them to feel upset and angry. The presence of minority stress (Meyer, 1995) has been previously reported by research within wider trans populations (Toomey, Ryan, Diaz, Card, & Russell, 2013). It

is, thus, not surprising that the young people with non-binary gender in the present research also experienced minority stress.

The potential for violence, harassment or victimisation was a significant concern for the participants. They took steps to protect themselves and to avoid potentially risky situations. This had the consequence that they were not always able to be their 'true selves' and lived with self-imposed restrictions upon their lives. Grossman & D'Augelli (2006) also evidenced the presence of fear of violence, harassment or victimisation in young trans populations and the additional impact that this had upon their mental health. This is also in line with the Trans Mental Health Study that found 81% of trans adults avoided public toilets, gyms and clothing shops (Mcneil et al., 2012).

In recent years there has been an increase in the public awareness of binary trans gender identities, as is seen through the increase of reports of trans issues within the media, social media and in television (e.g. *Orange is the New Black*) and film (e.g. *The Danish Girl*). However, the awareness of non-binary genders within western society remains poor and where many assumptions are made. The participants in this research commented that there is barely any media representation of non-binary genders. Even within trans communities those with non-binary genders are often overlooked and issues that may be unique to those with non-binary identities are not attended to. It could be said that young people with non-binary gender identities are a minority within a minority. Others have also previously highlighted how the increased awareness of trans identities may inadvertently perpetuate the dominance of the gender binary (Sullivan, 2007) as these identities are very much still within the binary. Phrases such as "a woman living in a man's body" maintains the view that there are only two ways of doing gender, male or female.

The findings of this research suggest that there is a lack of awareness of gender and non-binary genders at all levels of society. The participants themselves were not initially aware of the existence of a construct such as non-binary gender, as it is rarely spoken about and there is no relevant education in schools. Consequently, the participants, at least initially, relied upon the internet for information. They themselves spoke of how this is not an ideal place to learn about gender as the quality of the

information available online is highly variable. There also appeared to be a lack of awareness of non-binary gender from the friends and family of those with non-binary gender, requiring the young people to repeatedly explain and justify themselves to others. At the service and organisational level, many schools, health and other community services were generally also unaware of the existence of non-binary gender identities and did not attempt to accommodate those with non-binary gender identities.

The tension between some feminist views and non-binary genders was highlighted by some of the participants. They raised the contradiction of feminists striving for gender equality, when many are not aware of non-binary genders and where non-binary genders are not actively included in the attempt to achieve gender equality. For example, Germaine Greer in her erroneous suggestion that “trans women are not real women” exemplifies how some feminists are actually stigmatising and discriminating those who are trans or who have a gender outside of the gender binary.

There is currently no legal recognition of non-binary gender identities in the UK; passports and all legal documents have to state gender as either male or female. This was described/experienced by the participants as invalidating their gender. Their gender was not recognised or permitted by society, in other words, their identity is being denied and they are not being recognised for who they are as people. Others have previously described this lack of legal recognition as society reinforcing and perpetuating gender roles (e.g. Connell, 2012) and the findings here point to the reinforcement and perpetuation of *binary* gender roles and identities.

Despite the overarching lack of awareness and consideration of non-binary gender by society there were, however, indications that small shifts are occurring, for example being able to use the title Mx or schools permitting trousers to be worn. The addition of non-binary terminology within the DSM-5 (American Psychiatric Association, 2013) and soon to be released ICD-11 (World Health Organisation (WHO), 2015) is a further indication of a shift within society. The finding of this research suggests that the participants were active in this process through the repeated reinforcement to others to use the correct pronouns, name and titles. It could be said that young people with

non-binary gender identities are not only discovering who they are as people but are also creating and challenging the rigid social constructions of gender.

All of the participants spoke of a wish to be involved in activism and some were already involved at various levels both as individuals and as part of trans communities. They were aware of the impact that lack of awareness had upon the stigma and discrimination and, therefore, were passionate and eager to raise awareness and to educate others. The wish to raise awareness and to reduce stigma connects to previous research by Saltzburg & Davis (2010) where young people did not wish to be seen as “out of the ordinary” but to be a “variation of the ordinary”.

4.2.4. Involvement with services

The final research question aimed to explore what, if anything, young people with non-binary gender identities want from services. The support that the participants received from services was valued and found to be helpful. However, the young people often experienced a lack of awareness from professionals, with many being unaware of the existence of non-binary genders, and therefore, once again, the young people frequently had to provide explanations. Research from the USA has highlighted this issue previously and it was also argued that this lack of awareness could result in poor resource provision and support (Riley, Sitharthan, Clemson, & Diamond, 2011b; Snelgrove et al., 2012). There is also evidence that LGBT people generally have a fairly negative experience of healthcare systems (Cant, 2008; Neville & Henrickson, 2006).

The participants also described fears of discrimination from services due to their non-binary gender identity. There was a concern that they would be perceived as being less deserving of support and physical intervention as their distress would not be as severe as a transboy. The author is unaware of any previous research reporting this finding to date.

4.3. Critical evaluation of the research

4.3.1. Recruitment and sampling

The recruitment of participants was more difficult than was initially anticipated, taking nearly six months. There are a number of possible explanations for this. Firstly, young people may have felt nervous of talking to a researcher about sensitive and personal issues. A number of the participants wanted to clarify the confidentiality of the research and where the research would be published. Following clarification of anonymity and confidentiality, all participants who were interested went on to take part in the research. Additionally, those with a non-binary gender are still a minority within the transgender population and there is the indication that some young people may be reluctant to reveal their non-binary gender identity through concern that this may limit the support and physical interventions offered to them. Furthermore, for the purpose of the research, young people are being asked to identify themselves as non-binary, when they themselves may not wish to label their gender in anyway.

As a consequence of the difficulties with recruitment the sample size was slightly smaller than was hoped for, therefore, the range of views captured may have been restricted. However, this is a challenging population to recruit from and there is an indication that data saturation was achieved as no new themes or subthemes were evident in the analysis of the final interview.

All of the participants were natal female, therefore, the present research cannot comment upon young people who were assigned male at birth. However, the dominance of natal females in this research is a reflection of the apparent shift in the natal gender distribution of young people seeking support with gender development, with twice as many natal females (929) as natal males (490) being referred to the Gender Identity Development Service at the Tavistock in the last year (Personal Communication, Davidson, 2016). Wren (2016) has also theorized that the presence of women in society had become much more gendered with fashion and celebrities embodying “sexy and tight fitting”, when young people do not wish to perform their gender in this way, they may prefer to be male, or perhaps when being male does not

adequately fit their 'felt gender' a non-binary gender is preferable. The cultural background within this sample was pre-dominantly white British. Again this appears to mirror the limited cultural diversity with those seeking support with gender development. The reasons for these biases are currently unknown, however, it is probable that there are a multiplicity of contributing factors. The intersectionality of multiple socially prejudiced identities is likely to have an impact upon those who access services and those who are able to disclose or to openly consider a non-binary gender identity.

Although this research aimed to investigate non-binary genders in children and young people (i.e. those between the ages of 11-18) all of the participants were aged between 15 and 18. Again, the reasons for this are unclear, however, it maybe that the younger participants are still exploring their gender or may not yet feel able to articulate their understanding of gender which is complex and multifaceted. Also, for young people under 16, parental consent was required, and it is likely that young people are not talking to their parents about non-binary genders which, therefore meant they could not participate in the research.

In retrospect, the use of a participatory approach would have strengthened the voice of the young people, at least in terms of their involvement in the design of the research. A director of the third sector gender organisation who is themselves transgender and a clinician at the gender service were consulted with in relation to the interview schedule and the selection of questions. However, it may have strengthened the research by co-constructing the interview schedule with the young people with non-binary gender identities themselves, and to have provided the space to give the young people a voice by asking the questions with the greatest saliency.

4.3.2. Quality of the qualitative analysis

There have been many criteria and guidelines developed in an attempt to determine the quality of qualitative research (e.g. Yardley, 2000; Spencer & Ritchie, 2012), however, there is still an ongoing debate regarding best practice. I have, therefore, utilised the quality principles and key concerns as suggested by Elliott et al (1999).

- *Owning one's perspective.* This principle concerns the researcher's recognition of the possible impact their values, interests and assumptions may have upon the research process. In chapter 2 I detailed the theoretical and epistemological position that was to be taken for the research thesis. I kept a reflective diary throughout the research process and details of my personal reflexivity are presented in section 3.4.
- *Situation of the sample.* This principle concerns the provision of sufficient detail of the participants. I provided details of the participants' age, gender identity and ethnicity. The reduction in the quality of the research with regards to the bias in the sample were also described above.
- *Grounding in examples.* The use of examples in qualitative research allows the appraisal of the fit between the data and the author's interpretation and understanding of the data. Therefore, for each theme, subtheme and point of interest within the theme/subtheme I attempted to provide at least one data extract. I also tried to use quotes of sufficient length to demonstrate that the extracts were not taken out of context. Examples of code and theme development are further offered in the appendices. (see appendix 12-18)
- *Providing credibility checks.* This principle recommends the methods used to check for the credibility of the themes. My supervisor reviewed my initial themes, offered alternative perspective themes and subthemes and provided clarification of credibility. The themes were also sent to the participants to review the credibility of the analysis. However, at the time of submitting this thesis responses had not yet been received.
- *Coherence.* This principle refers to the provision of a coherent account of the data while simultaneously preserving nuances between participants. I provided a diagram depicting the overall thematic map of the analysis. I also attempted to provide a descriptive narrative of the themes and the relationship of the themes with each other. Furthermore, I tried to provide details of the frequency of the theme/subtheme between the participants and where there were differences between participants.
- *Accompanying general vs specific research tasks.* This principle concerns the intention of achieving an analysis that identifies the commonalities between

participants versus intending the analysis to detail specific instances of the phenomena. I aimed to achieve a general analysis, detailing the commonalities between the participants in the understandings of non-binary gender identities.

- *Resonating with the reader.* This final principle suggests that the analysis should resonate with the reader so that it is judged to be an accurate representation of the subject of the research and to have “clarified or expanded their appreciation and understanding of it” (Elliott et al, 1999, p224). This principle will be determined by the reader themselves.

4.4. Personal reflexivity

The process of qualitative research, especially when conducted from a social constructionist epistemological position in the search for latent level themes, will be affected by the researcher themselves. The researcher will have personal assumptions, experiences, knowledge and perspectives that will inevitably affect the choices that are made within the research process.

In consideration of my own gender identity, I identify predominantly within the gender binary as female and cisgender. Yet, I see that my gender and gender presentation is somewhat fluid within this description. The clothes that I wear vary from what has been constructed to be feminine (dresses and jewellery) to what has been constructed to be masculine (trousers, t-shirt, trainers and a leather biker jacket), my hair has been very short and very long, I sometimes wear make-up and paint my nails and sometimes neither. I am also aware that I am not considered to be a ‘girly girl’ and that as a child I would have been viewed as a tomboy preferring masculine clothes and colours and choosing traditionally male activities. I very much take the position that gender is a social construction and that everyone will have their own way of ‘doing gender’ and that there is no right or wrong way of how to do it. Therefore, throughout the research process I was mindful to consider my own personal position and how there may be differences in my position with that of the participants.

During the process of conducting the analysis I was very aware of the complexity and interconnectedness of the themes. Despite presenting the themes separately, there

was inevitable overlaps. For example, it is impossible to separate one's sense of self (gender identity) from the social context in which one resides; we affect the social context and the social context affects us. The notion of one's own gender identity is also highly individual and highly subjective, therefore, the descriptions and understanding of non-binary genders here is unlikely to be universal or complete.

4.5. Implications and recommendations

One participant expressed concern about their future as a non-binary person living in a binary world, stating that "If society doesn't become a more accepting place I worry what will happen and what I am going to do?" If this was to be interpreted further, it could be said that the binary nature of the western world that we live in is currently discriminating and substantial change is needed for non-binary genders to be accepted.

4.5.1. Clinical implications and recommendations

The clinical implications and recommendations arising from this research are multifaceted and are located at all levels within society, from the individual level to the political level.

One of the biggest sources of distress for the participants was body dysphoria or feeling uncomfortable in their natal female body. Gender services, therefore, play an important role in gender exploration and consideration of physical interventions. However, those with non-binary gender identities may well be happy with a 'non-binary body' and, therefore, interventions should be flexible and not focused upon the gender binary.

Young people with non-binary gender identities may not access specialist gender services and may be referred to local Child and Adolescent Mental Health Services (CAMHS) for issues indirectly related to their gender identity. Accordingly, greater consideration of young people with non-binary gender identities within CAMHS is also recommended. Clinicians should be mindful of gender in their support of young people, potentially offering support in gender exploration and understanding. This should be with the knowledge that gender is a fluid

construct that often changes over time. This is suggestive of a need for awareness raising training for entire CAMHS teams, from those with specialist knowledge of gender variance. Demographic data collection and records are also recommended to be flexible; in permitting the young person to self-define their own gender and to have this respected in their interactions with services.

Provision of spaces where young non-binary and trans gender people can come together to share experiences and to support each other would allow young people to explore their gender in a safe place and where they will be validated, respected and understood, was found to be of vital importance to the participants. Organisations such as Gendered Intelligence are an excellent example of this, in providing community support for young trans people outside of potentially pathologising health services. Gendered Intelligence is organised and run by those from within the trans community and thus also provides inspiring role models and mentors for young trans and non-binary people.

Support should be given to young trans and non-binary individuals to continue to take part in activism and to resist the dominant social construction of the gender binary. A sense of empowerment could be experienced through the creation of their own space within society, allowing them to be part of society not outside of it.

The findings of this research raises the question, where is the 'distress/problem' of non-binary gender located? It may not be within the individual as assumed by diagnostic or mental health interpretations of gender variance. The distress/problem may be located with society itself and expressed through these young people as they try to find their place within a society that is dominated by the gender binary. Recommendations can therefore be made that aim to make change at the level of society.

This research suggests that there is currently a pervasive lack of awareness of non-binary genders at all levels of society, from those in positions of political power, to services and organisations in health care, social care and education, to the general public and young people themselves. It is, therefore, of central importance to reduce

stigma and to improve the lives of young people with non-binary genders through information provision, education and awareness raising at all levels; general public, schools (e.g. for sex education to include not only biological sex but self-defined gender), NHS and Social Care services. Lobbying and campaigning governmental and political bodies, such as the Department of Health and the Department of Education, to increase the profile of non-binary and other gender identities throughout society should be encouraged, as should a wide variety of promotion from the media and the arts.

Increased awareness could be aided in the creation of further non-binary or gender neutral spaces. As stated by Davidson (2016) "Schools are social agents, a lot of our education is very gendered, toilets are binary" (p.2). Gender neutral toilets and changing /locker rooms would aid the everyday lives of those with non-binary gender identities and would have the additional consequence of raising awareness and reducing stigma by making it the 'norm'.

Language is continually evolving and is socially constructed. The young participants that took part in this research are part of that evolution in their use of pronouns, titles and names. This should be encouraged with the hope that the shift in language will impact on wider societies perhaps with the addition of singular *they* pronouns being added to English dictionaries.

Professional training and teaching programmes should be required to consider non-binary genders, and the ways in which such identities are conceived and understood in society, psychology and clinical practice. With regard to clinical psychology training courses, gender should be highlighted as an area of consideration in the development of psychological formulations and therapies and explored with clients if appropriate and where there is distress. Specific examples of this may include the use of non-binary or fluid gender presentations in clinical skills sessions, roleplays and clinical vignettes.

Interventions at the highest societal level should permit the legal recognition of non-binary gender identities, allowing young people with non-binary genders to feel that society allows them to be themselves and that their gender is 'valid'. The Transgender

Equality Inquiry (2016) recommended that non-binary genders should be permitted on official documentation such as passports, however, this recommendation has yet to be implemented.

4.5.2. Implication for further research

In light of the findings and acknowledged limitations of this research thesis, the following recommendations and possible research questions for future research are made.

- How do young natal males with non-binary gender identities understand and describe themselves?
- How do other cultural groups with non-binary gender identities understand and describe themselves? Are there differences between cultural groups?
- What are the perspectives, stories and narratives of the body in those with non-binary gender identities? What body do they want to have? What would achieving a 'non-binary body' mean for their gender identity?
- What are the perspectives of families in supporting a young person with a non-binary gender identity? How do families help or hinder the exploration of a non-binary gender identity and the different stages of their gender development?
- What are the discourses, perspective and depictions of non-binary genders in the media?

It is also suggested that the research should be replicated with a larger sample, with the possibility that utilising non-clinical samples via social media could also develop this research further and increase the quality of the research.

4.5.3. Dissemination

This research will be presented at the World Professional Association for Transgender Health (WPATH) annual conference as part of a symposium on the increasing referrals to gender development services. It is also planned to publish the findings of this research in a transgender health journal and to disseminate it more widely via Gendered Intelligence.

4.6. Conclusion

This thesis has presented a thematic analysis of how young people with non-binary gender identities understand, describe and discover themselves. The support of friends, family and the trans community was highly valued by the young people. However, the lack of awareness of such identities at all levels of society appeared pervasive and led to stigma, discrimination and minority distress. Despite the challenges that these young people were facing in their everyday lives, they continued to challenge the rigid social constructions of gender within society, were actively constructing their own gender and were passionate in the continuation of activism and awareness raising. It is recommended that all levels of society should be supporting these young people to embody their felt sense of gender and to support them in being 'themselves'.

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6. APPENDICES

Appendix 1. Literature review approach/strategy

The following search terms were used in an attempt to retrieve literature surrounding non-binary gender identities in children and young people. The key words were used in combination with the Boolean operators 'AND' or 'OR'.

- Gender dysphoria
- Gender identity disorder
- Non-binary
- Non-binary gender
- Transgender
- Gender queer
- Gender variance
- Gender binary
- Androgyny
- Children
- Childhood
- Adolescents
- Adolescence
- Youth

The international online database EBSCO system was used and the following databases selected: CINAHL Plus, PsychARTICLES and PsychINFO. All years were searched, while publications not written in English were excluded. The table of contents of key journals (e.g. International Journal of Transgenderism) were hand searched. Google scholar and the grey literature were also searched using the above key words to find any additional articles.

A total of 568 articles were found. The abstracts of studies were reviewed and the full text of articles that were deemed to be relevant were obtained. The reference list of all full text articles were also manually reviewed to find any further relevant articles.



TERMINOLOGY

Introduction

Terminology in the 'transgender' field is varied and constantly shifting as understanding and perceptions of gender variant conditions and gender nonconforming expressions change. The terms described below may vary in their usage and may become outdated. The concept of a typical gender expression associated with a binary man/woman divide is, in itself, unsatisfactory, since **"the expression of gender characteristics that are not stereotypically associated with one's assigned sex at birth is a common and culturally diverse human phenomenon that should not be judged as inherently pathological or negative".¹**

Gender Identity

Gender Identity describes the psychological identification of oneself, typically, as a boy/man or as a girl/woman, known as the 'binary' model. There is a presumption that this sense of identity will be consistent with the, respectively, male or female sex appearance. Where sex appearance and gender identity are congruent, the terms **cisgender** or **cis** apply.

However, some people experience a gender identity that is somewhat, or completely, inconsistent with their sex appearance; or they may regard themselves as gender neutral, or **non-gender**, or as embracing aspects of both man and woman and, possibly, falling on a spectrum between the two. People have the right to self-identify, and many people reject the whole idea of binary tick-boxes, and describe themselves in **non-binary**, more wide-ranging, open terms such as **pan-gender, poly-gender, third gender, gender queer, neutrois** and so on. Pronouns he/she, his/hers, may be replaced with more neutral pronouns such as: they, per, zie or fey; and the title Mx may be preferred to Mr, Mrs, Miss or Ms.

Sex

Sex refers to the male/female physical development – the phenotype. In an infant, the sex is judged entirely on the genital appearance at birth, but internal reproductive organs, skeletal characteristics and musculature, and the brain, are all sex differentiated. Other factors such as karyotype

¹ World Professional Association of Transgender Health (2011) Good Practice Guidelines for the assessment and treatment of gender dysphoria in adults
<http://www.rcpsych.ac.uk>

(chromosomal configuration) are seldom tested unless a genital anomaly is present. There is a presumption that an apparently male infant will identify as a boy, and vice versa.

Gender role

The *gender role* is the social role – the interaction with others which both gives expression to the inner gender identity and reinforces it. Despite the greater gender equality in modern Western culture in terms of the subjects studied in school and at university; the choice of friends; work and domestic arrangements; dress and leisure pursuits, there is still a presumption of conformity with society's 'rules' about what is appropriate for a man or a woman, a boy or a girl, especially in terms of appearance. A significant departure from stereotypical gender expression often causes anxiety and discomfort in those who witness it. Their own discomfort may be reflected back on gender nonconforming individuals, causing a continuous source of stress in social situations.

Gender variance/ gender nonconformity

It is now understood that gender identity, although powerfully influenced by the sex of the genitalia and the gender of rearing, is not determined by these factors. There is evidence that sex differentiation of the brain is inconsistent with other sex characteristics, resulting in individuals having a predisposition to develop a gender identity that is not typically associated with the assigned sex. They may dress and/or behave in ways that are perceived by others as being outside typical cultural gender expressions; these gender expressions may be described as *gender variance* or *gender nonconformity*.

Gender dysphoria

Where conforming to society's cultural expectations causes a persistent personal discomfort, this may be described as *gender dysphoria*. When individuals seek to overcome this discomfort by living in the role that is congruent with their gender identity, ongoing stress may be experienced, as mentioned above, because of the adverse reactions of others towards people whose gender expression does not reflect their sex as assigned at birth. Dysphoria, in many trans people, includes some level of disgust with the sex characteristics, since these contradict the inner sense of gender identity.

Transsexual

The terms '*transsexual*' and '*transsexualism*' are now considered old fashioned, and are only likely to be seen in legal and medical documents. Even there, these terms are gradually being replaced with more acceptable

terminology, such as 'transgender' and 'trans' (see below). In law, a transsexual person is someone who 'proposes to undergo, is undergoing or has undergone gender reassignment' (Equality Act 2010). For some, this will involve medical intervention to adjust the appearance so that it aligns with the gender identity, and is often associated with changes to the gender role and expression, as well as names and pronouns. These changes may alleviate much or all of the discomfort. The term transsexual is specific, and does not include non-binary identities. The word 'transsexual' should be used as an adjective, not a noun. It is, therefore, never appropriate to refer to an individual as 'a transsexual', or to transsexual people, as 'transsexuals'. The abbreviation 'tranny' is also unacceptable.

Transgender

'*Transgender*' has had different meanings over time, and in different societies. Currently, it is used as an inclusive term describing all those whose gender expression falls outside the typical gender norms. It is often the preferred term for those who change their role permanently, as well as others who, for example, cross-dress intermittently for a variety of reasons including erotic factors (also referred to as transvestism). Those who live continuously outside gender norms, sometimes with, and sometimes without, medical intervention are covered by this term. There is a growing acknowledgement that although there is a great deal of difference between say, drag artists and people who change their role permanently, there are nonetheless areas in the transgender field where the distinctions are more blurred; for example, someone who cross-dresses intermittently for some years, may later change fully to the opposite gender role. Non-binary gender identities also fall under this umbrella term.

Trans men and trans women

The expression '*trans*' is often used synonymously with 'transgender' in its broadest sense. Recently the asterisk has become an additional symbol of inclusion of any kind of trans and non-binary gender presentation – hence trans* person.

'Trans men' are those born with female appearance but identifying as men; and those born with male appearance but identifying as women may be referred to as 'trans women'. The terms may also be used to imply a direction of travel, towards a more masculine or feminine gender expression, rather than a complete transformation of a person's gender status. Many trans people, having transitioned permanently, prefer to be regarded as ordinary men and women, and therefore, cisgender. In these cases, where it becomes essential to refer to their pre-transition status, the phrase 'woman (or man) of trans history' may be used.

Transition

Transition is the term used to describe the permanent full-time adaptation of the gender role in all spheres of life: in the family, at work, in leisure pursuits and in society generally. A few people make this change overnight, but many do so gradually over a period of time, changing their presentation intermittently, and sometimes whilst undergoing early medical interventions such as hormone therapy. Transition does **not indicate a change of gender identity**. The person still has the same identity post transition; the changes are to their gender role, gender expression and sometimes their sex characteristics, to bring these in line with their identity. A period of 12 months living full-time in the gender role that is congruent with the gender identity is currently required before genital surgery is undertaken. Transition in non-binary individuals is more likely to be a shift in gender presentation, rather than a complete change of role; it may or may not include medical intervention.

Affirmed Gender

The process of bringing the gender role and appearance into alignment with the gender identity, 'affirms' that identity. Thus the term 'affirmed' gender, is now becoming more common in describing the post-transition gender status. 'Affirmed' should be used in preference to 'acquired'; the latter is the language of the Gender Recognition Act, and is more appropriately used to describe the acquisition of a Gender Recognition Certificate and new Birth Certificate (see below).

Gender confirmation treatment

Those undergoing transition permanently usually have gender confirmation treatment that includes hormone therapy and often surgery to bring the secondary sex characteristics: breasts and genitalia, more in line with the gender identity. Such surgery is sometimes referred to as gender (or sex) reassignment surgery. The term 'sex change' is not considered appropriate or polite. Surgeries such as facial feminising and body contouring may be chosen, but these are usually not provided on the NHS.

Intersex conditions

There are a number of intersex conditions (renamed Disorders of Sex Development – a clinical description which many in the UK refuse to adopt). In some intersex conditions, the appearance at birth is atypical being neither clearly male nor female. The sex (male or female) assigned, and the anticipated gender role (boy or girl) assumed at that time, may not be consistent with the core gender identity and may, therefore, result in a need to change the gender role at a later stage. In addition, some of these individuals may have had surgery neo-natally to create (usually) a female appearance. This surgery may have a disastrous outcome, since the

individual may, in fact, identify as a boy. This occurs in many individuals treated in this way. Surgical intervention before the individual is able to give informed consent is now regarded, by many, as unethical.

Inconsistencies in development may be associated with atypical sex chromosomes such as Klinefelter syndrome (XXY), Jacob's syndrome (XYY), or atypical combinations of 'X' and 'Y', such as XXYYY, XYYY and so on, including mosaicism (more than one chromosomal configuration in the same individual). Genetic anomalies that are particularly associated with unusual genital appearance are: Androgen Insensitivity Syndrome, Congenital Adrenal Hyperplasia, 5 α reductase or 17 β Hydroxysteroid Dehydrogenase (HSD) deficiencies. Most of these conditions, are associated with unusual pre-natal hormone levels. Other conditions such as Cloacal Extrophy may be included in this group since babies with this condition may have poor genital development, which has led to male (XY) babies being surgically assigned as girls.

Sexual orientation

Sexual orientation is a separate issue from gender identity. Sexual orientation is associated with the sexual attraction between one person and another. This is quite different from the internal knowledge of one's own identity. Trans people may be gay, straight, bisexual or, occasionally, asexual. Their sexual relationships may remain the same through the transition process or, sometimes, they shift. So a person who is living as a man, and is in a heterosexual relationship with a woman may, having transitioned to live as a woman, continue to be attracted to women and seek a relationship with a woman – or – may be attracted to men, and therefore seek a relationship with a man. Sometimes trans people make lasting relationships with other trans people, so the possibilities are many and varied, and do not necessarily fit comfortably into typical categorisations of sexual behaviours. Those who remain in a long-term relationship, despite one partner having transitioned cannot be categorised by any existing terminology, since the sexual orientation of the non-trans partner does not change; the orientation of the trans partner may or may not shift, as described above. Sometimes, for clarity, the terms: androphilic (attracted to men); and gynaephilic (attracted to women) may be used.

Gender Recognition Certificate

In 2004 the Gender Recognition Act was passed, and it became effective in 2005. Those people who have undergone a permanent change of gender status may endorse their new gender status by obtaining legal recognition in the form of a Gender Recognition Certificate (GRC). Applicants must provide paper evidence to the Gender Recognition Panel indicating that they have already changed their name, title and gender role, on a continuous basis, for at least two years; there is an expectation that they intend to live

in the altered gender role for the rest of their lives. A medical opinion indicating that the applicant has experienced gender dysphoria is necessary. However, no medical treatment is required. Successful applicants acquire the new gender status 'for all purposes', entitling them to a new birth certificate registered under the changed name and title, provided that the birth was registered in the UK.

The GRC has strict privacy provisions which must not be breached by any person acquiring such information, in an 'official capacity'. Disclosure to a third party could be a criminal offence (GRA s22(4)) (some limited exceptions apply)

The Marriage (Same-Sex Couples) Act, 2013,

Until the introduction of the Marriage (same-sex couples) Act, the only marriage available was between a 'man' and a 'woman'. Many trans people were, and are still, in such longterm marriages.

Prior to the introduction of this new Act, a married trans person, wishing to obtain a GRC, would either have to divorce, or to annul the marriage using an Interim GRC. A civil partnership could then be formed if the couple wished to stay together. However, under the Marriage (same-sex couples) Act, a marriage that pre-dated the new Act, in which one person wishes to obtain a GRC, can now be converted to a same-sex marriage, with the consent of the spouse; a civil partnership remains an option in these circumstances.

Since the introduction of the 2013 Act, there are same-sex couples opting for this form of marriage, rather than a civil partnership. If one partner in the 'same-sex marriage' wishes to obtain a GRC, the same-sex marriage will have to be converted to 'marriage' with the consent of the spouse.

Pre-existing civil partnerships, where one partner transitions and is seeking to obtain a GRC, the couple must convert to marriage, with the consent of the non-trans partner.

Appendix 3. UEL Ethical approval

Appendix 3.1. Notice of ethics review decision

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

SUPERVISOR: Kenneth Gannon

REVIEWER: Paul Rohleder

STUDENT: Ellen Boddington

Title of proposed study: A qualitative exploration of gender identity in young people who identify as neither male nor female

Course: Professional Doctorate in Clinical Psychology

DECISION *(Delete as necessary):*

***APPROVED**

APPROVED: Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

Minor amendments required (for reviewer):

Major amendments required (for reviewer):

Confirmation of making the above minor amendments (for students):

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (Typed name to act as signature):

Student number:

Date:

ASSESSMENT OF RISK TO RESEACHER (for reviewer)

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐ LOW

Reviewer comments in relation to researcher risk (if any):

Reviewer (Typed name to act as signature): Dr Pippa Dell

Date: 2/4/15

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee (moderator of School ethics approvals)

PLEASE NOTE:

"For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

Appendix 3.2. Ethics approval letter

EXTERNAL AND STRATEGIC DEVELOPMENT SERVICES
uel.ac.uk/qs

Quality Assurance and Enhancement



9 March 2018

Dear Ellen

Project Title:	A qualitative exploration of gender identity in young people who identify as neither male nor female
Researcher(s):	Ellen Boddington
Principal Investigator:	Ellen Boddington

I am writing to confirm that the application for the aforementioned NHS research study reference **15/LO/1496** has received UREC ethical approval and is sponsored by the University of East London.

The lapse date for ethical approval for this study is **9th March 2020**. If you require UREC approval beyond this date you must submit satisfactory evidence from the NHS confirming that your study has current NHS R&D ethical approval and provide a reason why UREC approval should be extended.

Please note as a condition of your sponsorship by the University of East London your research must be conducted in accordance with NHS regulations and any requirements specified as part of your NHS R&D ethical approval.

Please confirm that you will conduct your study in accordance with the consent given by the Trust Research Ethics Committee by emailing researchethics@uel.ac.uk.

Please ensure you retain this approval letter, as in the future you may be asked to provide proof of ethical approval.

With the Committee's best wishes for the success of this project.

Yours sincerely,

Catherine Fieulleau
Research Integrity and Ethics Manager
For and on behalf of
Professor Neville Purnard
University Research Ethics Committee (UREC)
Research Ethics
Email: researchethics@uel.ac.uk

Docklands Campus, University Way, London E16 3FD
Tel: +44 (0)20 8223 3322 Fax: +44 (0)20 8223 3391 MINICOM 020 8223 2853
Email: qa@uel.ac.uk

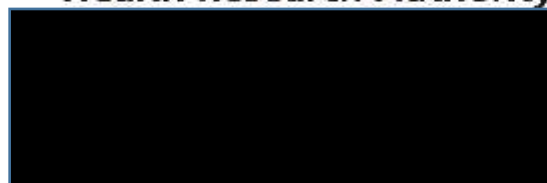


Appendix 4. NHS ethical approval letters

(Two letters - first page of each letter)



Health Research Authority



12 October 2015

Ms Ellen Boddington



Dear Ms Boddington

Study Title: A qualitative exploration of gender identity in young people who identify as neither male nor female
REC reference: 15/LO/1496
IRAS project ID: 176936

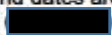
The Research Ethics Committee reviewed the above application at the meeting held on 01 October 2015. Thank you for attending to discuss the application.

Provisional opinion

The Committee would be content to give a favourable ethical opinion of the research, subject to receiving a complete response to the request for further information set out below.


Authority to consider your response and to confirm the Committee's final opinion has been delegated to none.

Further information or clarification required

1. Confirm the process in the protocol of how distressed participants would be managed.
2. Amend the consent form to the standard HRA format including tick boxes.
3. Clearly state on each information sheet which is for 11 year olds and which is for 16 year olds.
4. Ensure version numbers and dates are on all documents.
5. Add PALS to the NHS site 
6. Add London Stanmore REC approved the study.
- 7.

21 October 2015

Ms Ellen Boddington




Dear Ms Boddington

Study title: A qualitative exploration of gender identity in young people who identify as neither male nor female
REC reference: 15/LO/1496
IRAS project ID: 176936

Thank you for your letter of 20th October 2015, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to make a request to postpone publication, please contact the REC Manager, .

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Appendix 5. NHS R&D approval

(Two letters – first page of each letter)

10 December 2015

Ms Ellen Boddington

Dear Ms Boddington

This NHS Permission is based on the REC favourable opinion given on **21 October 2015**.


I am pleased to confirm that the following study has now received R&D approval, and you may now start your research in **the trust(s) identified below**:

Study Title: A qualitative exploration of gender identity in young people who identify as neither male nor female R&D reference: 176936 REC reference: 15/LO/1496		
Name of the trust	Name of current PI/LC	Date of permission issue(d)
		10 December 2015
If any information on this document is altered after the date of issue, this document will be deemed INVALID		

Specific Conditions of Permission (if applicable)

If any information on this document is altered after the date of issue, this document will be deemed INVALID

Yours sincerely,


Research Operations Manager

Cc: Principle Investigator(s)/Local Collaborator(s), Sponsor Contact

10 December 2015

Ms Ellen Boddington

Dear Ms Boddington,

Employer:

Accountable to:

As an existing NHS employee you do not require an additional honorary research contract with this NHS organisation. We are satisfied that the research activities that you will undertake in this NHS organisation are commensurate with the activities you undertake for your employer. Your employer is fully responsible for ensuring such checks as are necessary have been carried out. Your employer has confirmed in writing to this NHS organisation that the necessary pre-engagement checks are in place in accordance with the role you plan to carry out in this organisation. This confirms your right of access to conduct research through the trust(s) identified in the box below, for the purpose and under the terms and conditions set out in page 2 & page 3.

Study Title:	A qualitative exploration of gender identity in young people who identify as neither male nor female	
R&D reference:	178838	
REC reference:	15/LO/1436	

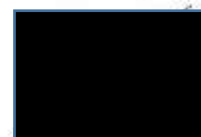
Letter of access duration:

Start date: 10/12/2015

End date: 31/08/2016

If any information on this document is altered after the date of issue, this document will be deemed INVALID

Yours sincerely,



Research Operations Manager

Page 1 of 3

NCLC15161 - 3.0.0 - 21/07/15 - Letter of access for NHS employees
It is the researcher's responsibility to provide their substantive employer with a copy of this document

Appendix 6. Research flyer

Version 2. 26/07/2015

Young people who see themselves as neither male nor female research

I am conducting research with young people who see
themselves as neither male nor female.

I am asking young people between the ages of 11-18 who
see themselves as neither male nor female to have a
conversation with me. In the conversation, I will ask you to
tell me how you describe your gender; the experiences that
have been important to you in understanding your gender,
how others have responded to your gender and how you
think services might need to change in order to best meet
your needs.

I will audio record the conversation and the conversation
can take place at your home or at the [REDACTED]
Service. If you are under 16 years of age, you will need to
have written permission from your parent/guardian. Your
parent/guardian can be present during the interview.

By taking part in this research you will be helping others to
understand neither male nor female genders. This
understanding may also help services to improve how they
work with young people who see themselves as neither
male nor female.

For further information and to take part in the research
please contact

Ellen Boddington (Trainee Clinical Psychologist)

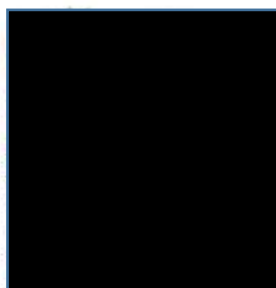
Email: [REDACTED] Tel: [REDACTED]



Appendix 7. Information sheets

Appendix 7.1. Information sheet for 11-15 year old participants

Version 3, 14/10/2015



School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

The Principal Investigator - Ellen Boddington, Trainee Clinical Psychologist

INFORMATION SHEET (11-15 YEARS)

Consent to participate in a research study

The purpose of this letter is to provide you with the information that you need in deciding whether to take part in a research study. The research is being conducted as part of my Professional Doctorate in Clinical Psychology at the University of East London.

Project title

A qualitative exploration of gender identity in young people who identify as neither male nor female. In other words, the research wants to find out about young people who see themselves as being neither male nor female.

Project description

The aim of this research is to explore how young people who do not see themselves as being male nor female describe their gender. Previously research has looked at how young people who are transgender understand their gender. However this research wishes to hear from young people who feel that their gender is neither male nor female.

I am asking young people to have a conversation with me about their gender. I will ask you about yourself and the experiences that have been important to you in understanding your gender.

The chance of young people feeling upset by taking part in the research is thought to be very low. However, it is possible that talking about gender, which can be a sensitive issue could be upsetting. If you do become upset, I have thought of some ways of offering support to you:

- You are able to talk to me about any distress that you experience in taking part in the research. However, I will not be able to offer you any direct advice or counselling.
- We will think about who needs to know that you are feeling upset, who would be able to help and who you would like to let know that you are feeling upset.
- Together we will also think about your safety. If I am concerned about your immediate safety I would need to talk to my supervisor, and possibly your parent/guardian and/or worker at the [REDACTED] in order to decide what action was needed.
- I will give you a list of services with this information sheet so that you may have the contact details for groups/services/community schemes that may be useful to you and your family.

This research is completely separate from any treatment or support that you are receiving from [REDACTED]. Your decision to take part or not in the research will therefore not affect your treatment or support.

Before we start the conversation, I will ask you how you would let me know if you did not wish to answer a questions or continue with the interview. You do not have to answer a question that you are not comfortable with. I may ask you why you do not wish to answer the question, however you will have the choice as to whether you answer.

What will happen to the things I talk about? Will what I say be kept private?

The things that you talk about will be audio recorded and then written down as text. All names and anything that could identify you (e.g. places) will be left out. Research supervisors and examiners will be able to read parts of the written text with names and anything that could identify you being changed or left out. [REDACTED] will not be told of your decision to take part in this research or if you decide not to take part. At the end of the research the audio recording will be destroyed. The written text of what you said will be kept on a computer until all reports and academic publications have been published and then will also be destroyed. If you change your mind about your conversation with me being included in the research, I reserve the right to use your conversation in the write up of the research with all names and anything that could identify you being left out.

Where will the research take place?

The interviews can be carried out at [REDACTED] or at your home. You and your mum/dad/guardian may choose if you wish to have your mum/dad/guardian with you during the conversation.

Will I get anything from taking part?

You will not be paid for taking part in this research. However, you may well find the experience helpful and interesting. By taking part you will also be helping others to understand genders that are neither male nor female, which will be valuable to other young people and those who support them in the future.

Do I have to take part?

You do not have to take part in this study and you should not feel pressured to do so. You are free to change your mind and to not take part in the study at any time. Should you choose to not to take part in the research, you may do so without disadvantage to yourself and without having to give a reason.

Do my parents need to give their permission?

As you are under 16 years of age your parent or guardian has to give their permission in order for you to take part in the research. You can choose if you would prefer your parent or guardian to be with you during the interview or not.

Please feel free to ask me any questions. If you are happy to continue you will be asked to sign a consent form before you can take part. Your mum, dad or guardian will also be asked to sign a consent form.

If you would like to be informed of the results of the study please contact the researcher.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor Dr Kenneth Gannon, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: [REDACTED] Email: [REDACTED] or Chair of the School of Psychology Research Ethics Sub-committee: Prof Neville Punchard, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: [REDACTED] Email: [REDACTED])

The Patient advice and Liaison Service can also be contacted on [REDACTED] or [REDACTED]

London [REDACTED] Research Ethics Committee has approved this research

Thank you for considering taking part in this research.

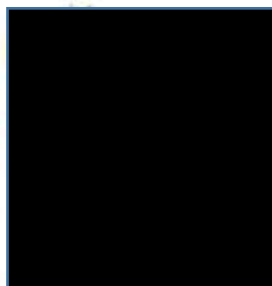
Yours sincerely,

Ellen Boddington

Please retain this invitation letter in case you wish to look at it again.

Appendix 7.2. Information sheet for 16-18 year old participants

Version 3: 14/10/2015



School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

The Principal Investigator - Ellen Boddington, Trainee Clinical Psychologist

INFORMATION SHEET (16-18 YEARS)

Consent to participate in a research study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in a research study. The study is being conducted as part of my Professional Doctorate in Clinical Psychology at the University of East London.

Project title

A qualitative exploration of gender identity in young people who identify as neither male nor female.

Project description

The aim of this research study is to explore how young people who do not identify as male nor female describe their gender identity. Previously research has looked at how young people who are transgender understand their gender identity. However this research wishes to hear from young people who feel that their gender is neither male nor female.

I am asking young people to be interviewed about their experiences of gender and how they describe their gender. I will ask you about yourself and the experiences that have been important to you in understanding your identity.

The likelihood of young people experiencing discomfort or distress as a consequence of participating in the research is judged to be very low. However, it is possible that talking about gender, which can be a sensitive issue could be upsetting. If you do become upset, I have thought of some ways of offering support to you:

- You are able to talk to me about any distress that you experience in taking part in the research. However I will not be able to offer you any direct advice or counselling.
- We will think about who needs to know that you are feeling distressed, who would be able to help and who you would like to share information with.
- Together we will also consider issues of safety, if necessary. If I am concerned about your immediate safety I would need to share information with my supervisor and possibly your worker at the [REDACTED] [REDACTED] in order to decide what action was needed.
- I will provide a list of services with this information sheet so that you may have the contact details for groups/services/community schemes that may be useful to you.

This research is completely separate from any treatment or support that you are receiving from [REDACTED]. Your decision to take part or not in the research will therefore not affect your treatment or support.

Before we start the interview I will ask you how you would let me know if you did not wish to answer a questions or continue with the interview. You do not have to answer a question that you are not comfortable with. I may ask you why you do not wish to answer the question, however you will have the choice as to whether you answer.

What will happen to the things I talk about? Will what I say be kept private?

The things that you talk about will be audio recorded and then written down as text. All names and anything that could identify you (e.g. places) will be left out. Research supervisors and examiners will be able to read parts of the written text with names and anything that could identify you being changed or left out. The service/organization that told you about this research will not be informed of your decision to take part in this research or if you decide not to take part. Quotes of the things that you said may be used in the report that will be written about this research, however these quotes will not include any details that could identify you. At the end of the study the audio recording will be destroyed. The written anonymised text of what you said will be kept electronically until reports and academic publications have been published and then will be destroyed. If you withdraw from the study, I reserve the right to use your anonymised data in the write up of the study.

Where will the study take place?

The interviews can be carried out at [REDACTED] or at your home.

Will I get anything from taking part?

You will not be paid for taking part in this research. However, you may well find the experience helpful and interesting. By taking part you will also be contributing to the understanding of gender identities that are neither male nor female, which will be valuable to young people and those who support them in the future.

Do I have to take part?

You do not have to take part in this study and you should not feel pressured to do so. You are free to change your mind and to withdraw from the study at any time. Should you choose to withdraw from the study, you may do so without disadvantage to yourself and without having to give a reason.

Do my parents need to give their permission?

As you are aged 16 or over your parents or guardians do not need to consent to you taking part. If you prefer, you can choose to have a parent/guardian with you during the interview.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor Dr Kenneth Gannon, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: [REDACTED] Email: [REDACTED] or Chair of the School of Psychology Research Ethics Sub-committee: Prof Neville Punchard, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: [REDACTED] Email: [REDACTED].

The Patient advice and Liaison Service can also be contacted on [REDACTED] or [REDACTED]

London [REDACTED] Research Ethics Committee has approved this research

Thank you for considering taking part in this research.

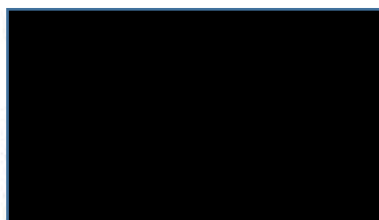
Yours sincerely,

Ellen Boddington

Please retain this invitation letter in case you wish to look at it again.

Appendix 7.3. Information sheet for parents

Version 3. 14/10/2015



School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

The Principal Investigator - Ellen Boddington, Trainee Clinical Psychologist

INFORMATION SHEET (PARENT/GUARDIAN)

Consent for my child to participate in a research study

The purpose of this letter is to provide you with the information that you need to consider whether to allow your child to participate in a research study. Your child has also been given a copy of this information. The study is being conducted as part of my Professional Doctorate in Clinical Psychology at the University of East London.

Project title

A qualitative exploration of gender identity in young people who identify as neither male nor female.

Project description

The aim of this research study is to explore how young people who do not identify as male or female describe their gender identity. Previously research has looked at how young people who are transgender understand their gender identity. However this research wishes to hear from young people who feel that their gender is neither male nor female.

I am asking young people to be interviewed about their experiences of their gender and how they describe their gender. I will ask them about themselves and the experiences that have been important to them in understanding their identity.

The likelihood of participants experiencing discomfort or distress as a consequence of participating in the research is judged to be very low. However, talking about gender can be a sensitive issue which could be upsetting. If your child does become upset, I have thought of some ways of offering support to your child:

- Your child is able to talk to me about any distress that they experience in taking part in the research. However, I will not be able to offer your child any direct advice or counselling.
- We will think about who needs to know that your child is feeling distressed, who would be able to help and who your child would like to share information with.

- Together we will also consider issues of safety, if necessary. If I am concerned about your child's immediate safety I would need to share information with my supervisor and a relevant source of support such as their clinician if they are attending the [REDACTED] in order to decide what action was needed.
- I will provide a list of services with this information sheet so that you and your child may have the contact details for groups/services/community schemes that may be useful to you.

This research is completely separate from any treatment or support that your child is receiving from The [REDACTED]. Your decision to allow your child to take part or not in the research will therefore not affect their treatment or support.

Before we start the interview I will ask your child how they would let me know if they did not wish to answer a questions or continue with the interview. Your child does not have to answer a question that they are not comfortable with. I may ask your child why they do not wish to answer the question or to continue with the interview, however they will have the choice as to whether they answer.

What will happen to the things your child talks about? Will what they say be kept private?

The things that your child talks about will be audio recorded and then written down as text. All names and anything that could identify your child (e.g. places) will be left out. My research supervisors and examiners will be able to read parts of the written text with names and anything that could identify your child being changed or left out. The service/organization that told you and your child about this research will not be informed of you and your child's decision to take part in this research or not to take part. Quotes of the things that your child said may be used in the report that will be written, however these quotes will not include any details that could identify your child. At the end of the study the audio recording will be destroyed. The written anonymised text of what your child said will be kept electronically until reports and academic publication have been published and then will be destroyed. If you or your child wishes to withdraw from the study, I reserve the right to use your child's anonymised data in the write up of the study.

Where will the study take place?

The interviews can be carried out at [REDACTED] or at your home.

Will my child get anything from taking part?

You child will not be paid for taking part in this research. However, they may well find the experience helpful and interesting. By taking part your child will also be contributing to the understanding of gender identities that are neither male nor

female, which will be valuable to young people and those who support them in the future.

Do they have to take part?

Your child does not have to take part in this study and your child should not feel pressured to do so. You and/or your child are free to change your mind and to withdraw from the study at any time. Should you and/or your child choose to withdraw from the study, you may do so without disadvantage to your child and without any having to give a reason.

Please feel free to ask me any questions. If you are happy to continue you will be asked to sign a consent form before your child can take part. Your child will also be asked to sign a consent form.

If you would like to be informed of the results of the study please contact the researcher.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor Dr Kenneth Gannon, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: [REDACTED] Email: [REDACTED] or Chair of the School of Psychology Research Ethics Sub-committee: Prof Neville Punchard, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: [REDACTED] Email: [REDACTED]

The Patient advice and Liaison Service can also be contacted on 020 8938 2523 or [REDACTED]

London [REDACTED] Research Ethics Committee has approved this research

Thank you for considering taking part in this research.

Yours sincerely,

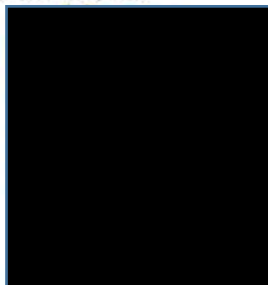
Ellen Boddington

Please retain this invitation letter in case you wish to look at it again.

Appendix 8. Consent forms

Appendix 8.1. Consent form for participants

Version 3, 14/10/2015



School of Psychology
Stretford Campus
Water Lane
London E15 4LZ

Consent to participate in a research study

A qualitative exploration of gender identity in young people who identify as neither male nor female

Please
initial box

1. I have read the information sheet dated 14/10/2015 (version 3) relating to the above research study and have been given a copy to keep. ☐
2. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being asked of me and the procedures in which I will be involved have been explained to me. ☐
3. I understand that my involvement in this study, and particular data from this research, will remain strictly confidential (private). Only the researcher involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed. ☐
4. I understand that anonymised direct quotes from the interview will be used in the formal write up of the research study. ☐
5. I freely and fully consent to take part in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being having to give any reason. ☐
6. I also understand that should I withdraw, the researcher reserves the right to use my anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher. ☐

Name of Participant

Date

Signature

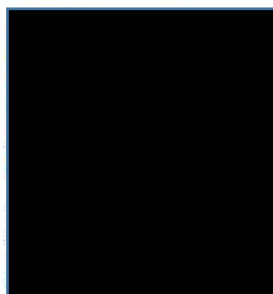
Name of person taking consent

Date

Signature

Appendix 8.2. Consent form for parents

Version 3. 14/10/2015



School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

Parental/Guardian consent to participate in a research study

A qualitative exploration of gender identity in young people who identify as neither male nor female

1. I have read the information sheet dated 14/10/2015 (version 3) relating to the above research study and have been given a copy to keep. ☐
2. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand dated 14/10/2015 (version 3) what is being proposed and the procedures in which my child will be involved have been explained to me. ☐
3. I understand that my child's involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed. ☐
4. I understand that anonymised direct quotes from the interview will be used in the formal write up of the research study. ☐
5. I freely and fully consent to my child participating in the study which has been fully explained to me. Having given this consent I understand that my child has the right to withdraw from the study at any time without disadvantage to my child and without being obliged to give any reason. ☐
6. I also understand that should my child withdraw, the researcher reserves the right to use my child's anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher. ☐

Name of child/young person

Name of parent/guardian

Relationship to child/young person

Signature of parent/guardian

Date

Name of person taking consent

Date

Signature

Appendix 9. Resource information for participants

Version 3, 14/10/2015



Resources

Your named clinician at [redacted]

Tel: [redacted]

Email: [redacted]

ChildLine

ChildLine is a private and confidential service for children and young people up to the age of 19. You can contact a ChildLine counsellor about anything - no problem is too big or too small. 1-2-1 chat online and email service also available (see website)

Tel: 0800 1111 (Free phone number)

Web: www.childline.org.uk

Samaritans

Available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress, despair or suicidal thoughts.

Tel: 08457 90 90 90

Email: jo@samaritans.org

Web: www.samaritans.org

Your local Child and Adolescent service (CAMHS)

This service will be local to where you live

Your local Accident and Emergency (A&E)

This service will be local to where you live

Gendered Intelligence

Providing supporting support for young trans people aged 11-25. Gendered Intelligence aims to to increase understandings of gender diversity through creative ways.

Web: www.genderedintelligence.co.uk

Email: see website

The Patient advice and Liaison Service at the [redacted]

Tel: [redacted]

Email: [redacted]

Web: [redacted]

Appendix 10. Interview Schedule

- Welcome
- What would you like me to call you?
- What pronouns would you like me to use?
- Info sheets – talk through with participant (and parent)
- Provide list of resources
- Questions or concerns
- Consent form(s)
- Choice of having your parent/guardian in the room or not

Basic information

- Age
- Ethnicity – your family background e.g. White British, British Asian, Black Caribbean
- Currently receiving NHS support with gender (if informed of the research by [organisation])
- School, college?
- Natal gender

1. Can you tell me how you would describe yourself? (*What things to do like to do for fun? Who do you hang out with? What things do you like to do with your friends?*)*
2. How do you describe your gender identity?
3. Are there particular words that you use to describe your gender identity?
4. What do you like about those words?
5. What is it like to describe yourself in that way?
6. When did you first realise that your gender identity was different to those around you?
7. What has helped you in understanding your gender? (*Influences or connections*)
8. What (if anything) had been important for how you identify?
9. How have other people responded to your gender? Has this influenced how you think about your gender? If so, how? *Good or Bad experiences?*
10. Do you think how you describe your gender identity has changed over the years?
11. What does it mean to you to identify as neither male nor female? *What is it like to be you?*
12. What resources have you used in understanding your gender? (*online, information, people, organisations*)
How have these resources/people/organisations been helpful or unhelpful?
13. What difficulties or opportunities have you experienced in relation to your gender?
14. How do you see your future? What would you like your future to look like?
General and in terms of your gender?
15. Do you think that NHS and others services or organisations have been able to meet your needs? If so how? (*what was helpful*) How would you like services to change in order to best meet your needs?
16. Anything else that you would like to say or add?

Debrief

- What was it like doing the interview?
- Anything that you didn't like about it?

italics

**prompts in*

Appendix 11. Reflective diary extract – The interviews

I was nervous in completing my first research interview. I was particularly concerned that I may inadvertently say something that is an assumption. During the first interview I was very conscious of making sure that I used the correct pronouns. However, following the interview I was aware, as I reflected to myself on the interview, that I was using incorrect pronouns. I noticed this straight away and was annoyed with myself for misgendered the participant. Despite my complete intention and wish to respect their pronouns, I misgendered them. I then wondered what this says about my own assumptions of gender. I think that I have spent most of my life making assumptions about a person's gender based on their physical appearance and the tone/pitch of their voice. I have also fallen into the trap of assuming that everyone is either male or female. I had been consumed by the dominant social construction of a binary classification system of gender.

I was struck by how thoughtful all of the participants were in talking about their own gender and their awareness of the place of gender within society. I immensely enjoyed talking to all of the participants, learning about who they were as people and how they spoke about their gender. The freedom that was often spoken about seemed so empowering and enriching.

One of the participant spoke about their intimate relationships during the period that they were questioning their gender. They were concerned how any change in gender would affect their relationship, potentially affecting how their partner viewed their own sexuality or if their partner would no longer want to be with them if they changed their gender. This led me to reflect upon gender and sexuality. Although, gender and sexuality are separate, they are also connected. We are connected to other people to some extent by the gender that they have.

During an early interview I used the word choice in relation to gender identity, that a person chooses their gender identity. However, on reflection choice is the wrong word, one does not choose it but discovers it. I did not choose to have a female gender. My sex determined the gender that I was assigned. I was socialised accordingly, despite having a time of being a tom boy. Female is just who I am. Was the tom boy stage part of my own discovery of my gender, when I was not aware that I ever directly considered by own gender? But then my gender matched my sex.

During the interview I reflected upon how my own gender identity may affect the interviews. I considered whether as a cisgender person I am invading a non-binary trans space and that I didn't have the right to be there. For one of the interviews I wore a dress, I wondered if this changed how the young person viewed me, does it matter? I don't think that because I am cisgender this means I cannot attempt to understand and to be curious about others.

At my last interview I realised that I asked the participants what pronouns they would like me to use for them. However, I did not inform them what pronouns I would like them to use for me. In my therapeutic work with people, there is the view that the therapist should not reveal too much information about themselves. However, my

gender is not something that I can keep hidden, how I look would suggest that I am female (although this would be an assumption). Therefore, should I have stated what pronouns they should use for me. In terms of increasing awareness and reducing the stigma of non-binary genders if everyone introduced themselves with their name and preferred pronouns it could reduce the risk of assumptions being made and could facilitate acceptance. Yet, at present this is not a social norm.

I recalled an occasion when I had paid to use a public toilet, however, upon paying my money I discovered my only option was to use the male toilet. This I did. However, I was concerned that if a male was to enter, what would their reaction be, would I be harassment or taunted? I felt uncomfortable using a toilet that did not match my gender. I had to deal with this on one occasion, Yet those with non-binary genders face the uncomfortableness of using gendered toilets on a daily basis, and the constant fear of how others will response to them and the fear that they may be at risk from harassment.

On the odd occasion when I have been misgendered, this felt very uncomfortable and I took steps to correct being misgendered. However, to face this every day, to feel uncomfortable every day and to have others not perceiving you as the person you are, must be very difficult.

Appendix 12. Transcription scheme

The following transcription scheme was followed.

Symbol	Meaning
P	Participants
Int	Interviewer
...	Short pause in speech
(pause)	Long pause in speech
<i>Italics</i>	Emphasis upon words
[inaudible]	Speech was inaudible and could not be transcribed
“quotation marks”	Participant is giving an example of speech

Adapted from Parker (2005)

Parker, I. (2005). Qualitative psychology: Introducing radical research. Berkshire, England: Open University Press.

Appendix 13. Initial points of researcher interest example

Interview one

- Labels/names – Non-binary/bigender
- Freedom from gender expectations (roles/norms)
- Gender they feel themselves to be/feel comfortable being (without dysphoria)
- Gendered body – Gendered personality
- Others perception of gender
- Process of discovery/knowing
- Experience that led to questioning of gender
- Transman/man – transperson/person
- Internet – information and education of self
- Validation of self from others – acceptance
- Support of friends/family/school/other organisations/NHS
- Proud of gender
- Lack of awareness/education by all – not talked about
- Generational differences
- Long NHS waiting times
- Minority within a minority – prejudice – pushed to be binary
- Community
- Activism
- Social construction of gender

Appendix 14. Example of worked transcript (including initial codes)

130 P4: Yea.

131 Int: ...that were mis-gendering you, I guess.

132 P4: Yea. Exactly. And you start feeling uncomfortable with that and then you're like "Well why

133 am I uncomfortable with this?" And that just causes you to question a bit more, I think.]

134 Int: Okay, okay. So that kinda sounds *relatively* recently. So a year ago.

135 P4: Yea.

136 Int: Yea. Has it changed over that last year? Kinda, how you see yourself? Or your gender? Or...

137 P4: Well at first I thought it was just a case of, I'm still a *girl*, but I just want to look and seem more] *Process*

138 androgynous...

139 Int: Mmm.

140 P4: ...and confuse people, on the outside, like in the way of presentation.

141 Int: Yep.

142 P4: And then I kinda changed it a bit and I thought, "Okay, I'm partly genderless and partly, erm, a

143 girl. So I'm maybe a *demi-girl*." And, you know, it feels like it was shifting quite a bit, but now I] *Process*

144 know that it was agender; like I don't have a gender. And it was just kinda that... in that... it's

145 almost like denial in your head just telling you... erm, like, that it's... I don't know.. Yea, like

146 denying, "I can't possibly be non-binary. That's not what I am.", but then it's kinda getting over

147 that and thinking "Yea."

148 Int: Yea, okay. Were there *things* that helped you to kinda get to that point. In terms of kinda

149 knowing who you are and how you want to be described?

150 P4: So... what things, like, helped me learn about it, you mean?

151 Int: Yea.

152 P4: Erm, well my brother, he's trans.] *talking to other trans people helped to explore.*

153 Int: Okay.

154 P4: Like, binary trans.

155 Int: Yep.

156 P4: And he first mentioned about there being such a thing as non-binary, and I was like, "Wait,

157 what? That's a thing?!] *self include NB's initially*

158 *(Laughter)*

159 P4: Like cos I'd never ever heard of anything about that before and he told me a bit about it.

160 So I kinda, you know, thought about it over in my head and it's just... yea, that's kinda where I

161 found out about it and then I found out a bit on the internet that kind of thing as well.

162 Cos obviously they don't teach you anything whatsoever in schools, or anything like that,
 163 which is really... yeah. *Not taught in schools.*

164 Int: Mmm. So did you look up, you know, things on Youtube? Or blogs? Or...

165 P4: It was, erm... it was, like, blogs on Tumblr, that kind of thing, mostly I think. Yea.

166 Int: And was that, you know, looking for information? Or talking to people? Or...

167 P4: Erm... well I'd just scroll through blogs and just read all of their posts about all different *exploring*
 168 identities and things and learn a little bit and just try and apply what felt right to me at the
 169 time If that makes sense? *felt gender*

170 Int: Yea.

171 P4: So it's, yea... It was just kinda, I just use it as like... I don't know... I just used it as my
 172 information resource, the internet, as much as I could, cos I thought it was quite helpful. You
 173 know, it was helpful to be able to see like other people where they'd posted their stories or
 174 what they've been through and it was interesting to read, like, theirs and see how they
 175 matched up to me. Or if they, I could relate in any way or if it felt... yeha.

176 Int: Okay. I-I guess, what was that like? You know, finding, you know, stories that might have, you
 177 know, resonated for you or

178 P4: Initially...

179 Int: ...connected for you?

180 P4: I think initially it started off being like, "Oh wait. What? Why do I relate to this person?" But
 181 then you ki... as you kinda get more clearer about it then you kinda think, "Oh yea. That makes
 182 complete sense. It's not just me that's going through this kind of thing. Like, we've all... or, a
 183 lot of people have thought the same thing as me...." *Explore*

184 Int: Yea.

185 P4: ...I'm not weird. There's nothing wrong with me. In fact it's a legit thing. *Real gender Validation*

186 Int: Absolutely. *Also expressing core identity*

187 P4: Yea.

188 Int: Was that quite reassuring? Or...

189 P4: Yea. Reassuring probably the best way to put it, I think. It's just, it's just nice to know that
 190 you're not on your own. You're not something different. It's, it's just... it's nice to know that. *Validation*
 191 That you're not alone, I guess.

192 Int: Absolutely, absolutely. And would you have conversations with other people? If your brother's
 193 trans? Did you have conversations with... with him about that? Or...

194 P4: Yea. I just talked to him about, like, gender and, "Oh, how did you *know* that you were trans."
195 and does it kinda match up with what I'm thinking and... Cos obviously every trans person has
196 like a different story, and I know that myself but, it was interesting trying to relate it to my own
197 experience. If that makes sense?

198 Int: Mmm.

199 P4: Yea.

200 P4: I guess there's kinda bits that you identify with that were the same as your brother.

201 P4: Yea.

202 Int: There might be other bits, as well that are...

203 P4: That were completely different. Yea.

204 Int: Okay. And, and was that okay, you know, just kinda finding your way through that?

205 P4: Yea. Yea. I was alright with it.

206 Int: Yea. Okay. Is it, was it been mainly online things and talking to your brother or has there been
207 anything else you think that's been...?

208 P4: It's mostly been online stuff and talking to my brother, I mean there's not really much else out
209 there. Especially, I mean, it's hard enough for trans kids let alone non-binary people...

210 Int: Mmm.

211 P4: ...there's almost nothing out there. So it's quite like... yea.

212 Int: Do you have any friends that are trans or non-binary or agender? Or...

213 P4: Errr, I... I have a few friends online who are non-binary. Erm, and it's nice just to know that,
214 you know, there's other people your age that you can be friends with and it's nice. That's a
215 nice thing. And then I've got other friends at, like, trans groups and things. Who are just trans,
216 and yea.

217 Int: Yea.

218 P4: Which is cool.

219 Int: Has that been helpful to you in...?

220 P4: Yea it has. Yea.

221 Int: What's been helpful?

222 P4: I don't know. Erm, I mean, it's just nice because... you get your pronouns respected and your
223 name respected there. Whereas, like, in a world of cis people then you often, that isn't the
224 case at all.

225 Int: Mmm.

— lack of respect / judgement / stigma.

discussing with
other

harder to
find
NSG
info

other
trans
people
trans
community

Appendix 15. Identification of initial codes

The following initial codes were identified:

1. Acceptance by others
2. Acceptance of self
3. Acknowledging new name and title important for validation
4. Activism/awareness raising, reduces stigma
5. Activism/challenging/change
6. Advice from other trans people
7. Anger at lack of recognition of other genders
8. Assumption of binary by others
9. Availability of gender neutral toilets
10. Awareness raising / spreading
11. Awareness/education impact upon the mental health
12. Being both male and female
13. Being the most genuine self
14. Binary society
15. Blogs – information
16. Body – binding
17. Body – chest
18. Body – clothes
19. Body – facial hair
20. Body – hair
21. Body – hips
22. Body – periods
23. Body – posture, mannerisms
24. Body – puberty
25. Body – top surgery
26. Body – voice
27. Body – womb
28. Bullying
29. Challenging others when they assume your gender is binary
30. Challenging process of discovering own gender
31. Challenging the gender binary
32. Changes in body allowing testing out of genders
33. Changing name legally
34. Clothes gendered – socially constructed
35. Comparing own gender to others in exploring/discovery
36. Comparison of transwomen and women
37. Conflation of sex with gender
38. Conflations of gender and gender expression
39. Confusion of gender identity
40. Connecting to likeminded people / other trans and non-binary people
41. Developing closer friendships through exploring gender with them
42. Developing confidence to be their gender
43. Difficult for other to understand non-binary genders
44. Difficult for others to change their behaviour towards you following coming out

45. Difficult for others to see gender is socially constructed and not predetermined
46. Difficult process to coming out to others (especially family)
47. Difficult/upsetting if intentionally misgendered
48. Discarding predetermined perception of what gender is (how society generally defines gender)
49. Distress/hopelessness
50. Doctors not knowing about, understanding or having experience of non-binary genders
51. Education at all levels of society
52. Education of others
53. Education of self
54. Experiences that led to questioning of gender
55. Exploring sexuality also
56. Fast process of discovery
57. Fear of coming out to others
58. Fear of gender uncertainty
59. Fear of harassment
60. Felt gender
61. Finding gender relieves feeling of depression/distress
62. Fitting in with other trans people
63. Fluidity of gender
64. Forgiving accidental misgendering/using wrong pronouns
65. Forms not having suitable gender options
66. Freedom of gender
67. Freedom of gender expression
68. Freedom to be both/all genders
69. Gender confusion – hating self
70. Gender confusion causes depression/distress
71. Gender dysphoria
72. Gender equality improving
73. Gender feel comfortable with
74. Gender isn't talked about
75. Gender not taught in schools
76. Gender perceived by others
77. Gender with least dysphoria
78. Gendered body and gendered personality
79. Gendered environment – all girls schools
80. Gendered society
81. Generational difference – young people more understanding/adaptable
82. Generational difference in understanding of different genders
83. Gradual changes to help others adjust to gender
84. Gradual process of discovery
85. Happier as non-binary gender
86. Harassment from others
87. Hard to explore with cis people – they may not understand
88. Having to educate/explain to others multiple times
89. Helping others to explore their gender
90. Homophobia
91. Impact of gender on sexuality
92. Importance of others understanding
93. Importance of the gender others see/perceive you as
94. Impossible to be a 'true' woman

95. Initial support from friends
96. Inner turmoil
97. Internet – information seeking
98. Isolated
99. Label – agender
100. Label – gender fluid
101. Label – genderless being
102. Label – genderqueer
103. Label – lack of gender
104. Label – neither boy or girl
105. Label – no gender
106. Label – Transmale
107. Label of gender: bigender
108. Label of gender: non-binary
109. Label that encompasses all genders
110. Label without expectations to comply with gender norms
111. Labels help others to understand gender
112. Lack of awareness at all levels of society of gender and different genders
113. Lack of information of non-binary genders
114. Language is binary – sibling/parent
115. Liking confusing people
116. Liking having a non-binary gender
117. Limited resources in services
118. Long waiting times for NHS appointments
119. Meeting other trans people
120. Minority within a minority
121. Misgendering
122. More confidence as non-binary gender
123. More positive about self as non-binary gender
124. Moving further away from felt gender as got older, more gender expectations from others
125. Multiple changes of gender in a the process of discovery
126. New name
127. NHS forms – boxes for both sex and gender
128. Non-binary gender not legally recognised
129. Non-binary genders being real
130. Non-binary most genuine and authentic self
131. Not always safe to disclose gender to others
132. Not being out – can't be me
133. Not being understood by services
134. Not knowing anyone with a non-binary gender
135. Not knowing non-binary genders existed
136. Not liking body changing at puberty – further away from felt gender
137. Not limited / restricted by any gender norms
138. Not previously having thought about gender
139. Not talked about
140. Others acknowledge it is a real gender
141. Others asking intrusive questions
142. Others assuming it is a phase/not permanent
143. Others assuming you are binary
144. Others being concerned
145. Others believing you are making it up
146. Others dismissing/rejecting non-binary genders

147. Others giving odd/weird looks
148. Others intentionally misgendering
149. Others lack of understanding/awareness/education of gender
150. Others laughing
151. Others not being respectful of gender
152. Others not interested in learning about non-binary gender
153. Others people's lack of awareness
154. Others perceiving it a lifestyle choice
155. Others refusing to acknowledge/accept
156. Others rudeness about your gender
157. Others staring
158. Others trans people – not being alone
159. Others trans people will understand
160. Others trivialising gender
161. Others viewing it as attention seeking
162. Parents meeting other parents helps their understanding
163. Pleasant surprise at peoples reaction
164. Poor representation in the media
165. Positivity from others
166. Possible prejudice of non-binary people – less valid gender than transman or transwoman
167. Power to makes changes in schools/other organisations
168. Pre-occupation with gender
169. Presentation of gender
170. Pressure on self to discovery gender
171. Process of discovery/exploration of gender
172. Protecting others from own uncertainty (parents)
173. Proud of gender identity
174. Pushed into the binary
175. Questioning of gender
176. Relaxed when with other trans people (No explanation needed, not having to hide self)
177. Repeated explanations to others
178. Safety and trust of close friends
179. Search for information
180. Shared experience
181. Slow progress with services
182. Social construction of gender roles
183. Society defines gender, what is masculine and feminine
184. Society puts people in gender categories
185. Some service are very binary in their approach
186. Space to explore
187. Stereotypes of what others see as trans
188. Stigma
189. Stigma cause unhappiness
190. Subtle transphobia in media
191. Support groups
192. Support of family
193. Support of friends
194. Support of other people
195. Support of trans community reduces feelings of shame
196. Support/validation from friends
197. Switching between genders

- 198. Taboo
- 199. Talking to other trans people – exploring own gender
- 200. Testing out gender
- 201. Thoughts of suicide as female
- 202. Tomboy as a child
- 203. Trans community
- 204. Transphobia
- 205. Unawareness of non-binary genders initially
- 206. Uncertainty not contained by services
- 207. Understanding that others may find it difficult to understand different genders
- 208. Unhappy as female
- 209. Using difficult pronouns can be difficult for others
- 210. Validation led to feeling of happiness
- 211. Validation of self
- 212. Validation vs misgendering
- 213. Variation in service satisfaction dependent on where live in country
- 214. Wanting gender equality for all (Non-binary genders often forgotten)
- 215. With other trans people can be free to be self
- 216. World is gendered
- 217. YouTube – information/exploration of own gender

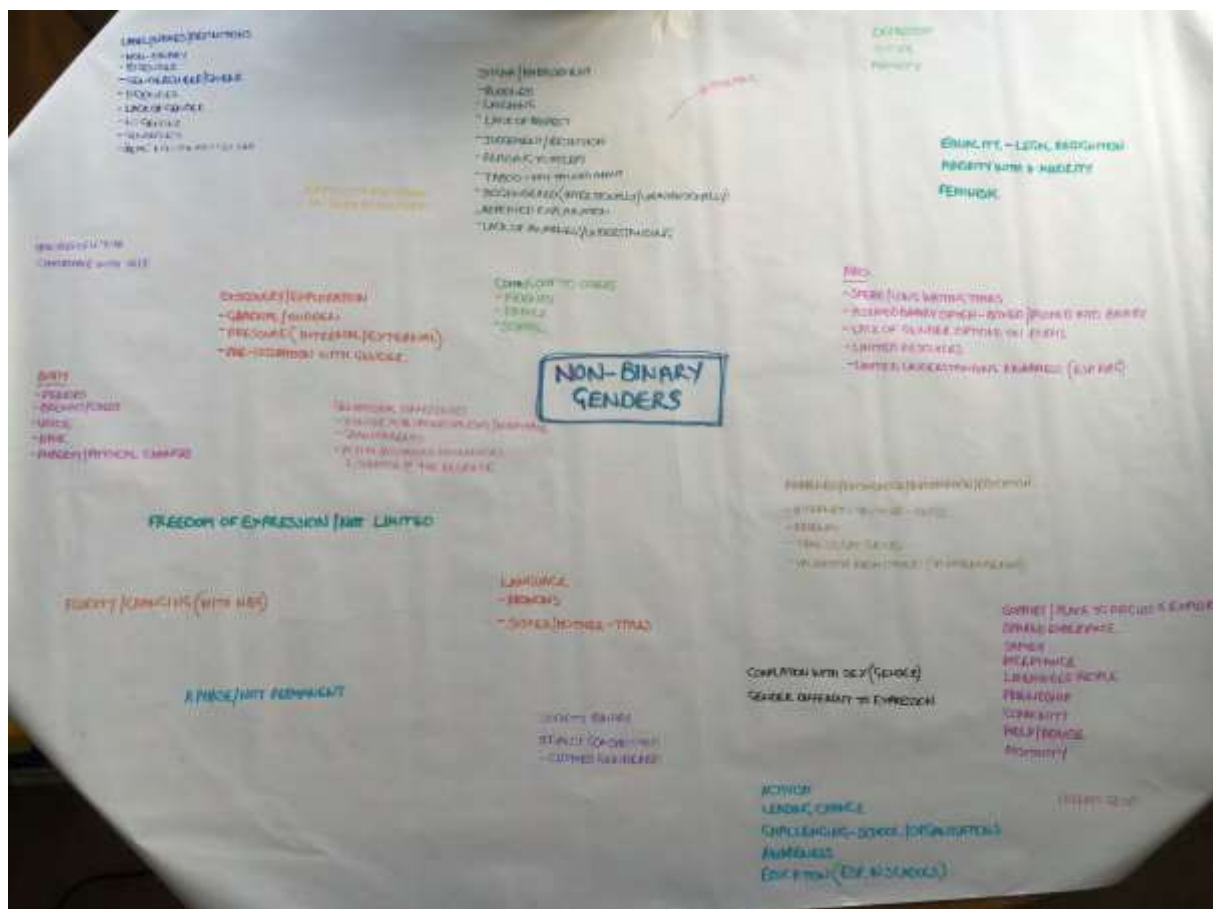
Appendix 16. Example of coded data extracts

Potential theme	Extract	Location
Understanding non-binary genders		
Labels	Erm so, Gender wise I describe myself as non-binary, just kinda the general umbrella term, if I was pushed to sort of say in more detail, then I would describe myself in more detail I would describe myself as bigender, so being both male and female	P1 4-6
	I'm agender which means I don't really identify as a boy or a girl I'm, I'm just... I don't have any gender whatsoever....I'm not identifying myself or... with any, like, male aspects but no female aspects either....just like, neither, you know. I'm just, I'm just a person...It doesn't matter. Erm, well I've heard, like, non-binary and stuff. I used to use that before I knew the proper word for agender but it, it's just... just... Yea. Genderless, agender, anything like that. I don't focus on it too much.	P4 3
	What's it like?... I don't know but... I don't see myself as having any kind of, like, male or female links, or anything like that. Like, I just don't want to be put in the boxes of male or female or any kind of gender. I just, just want to exist as a person and have people know me, and that, without worrying about my gender and worrying, oh, you know, "Are you a boy? Are you a girl?" And it's just like, "Don't worry about that. Don't focus on that, that's not the important bit. The important bit is what you think of me."	P4 65
	I'm more than just what... don't have a gender. That part of me isn't important. It's not really that significant that I'd rather have people know me for being a cool person or an interesting person or whatever. And I'd rather people noticed that about me, and... rather than placing the emphasis on my gender.	P4 452
	..it's kind of, you don't really know, so I don't... I don't think it's... it's not really... it just feels more authentic and more like me to not place the emphasis on the gender thing. As opposed to erm... like, you know, saying "I'm one or the other."	P4 468
	In terms of gender it would be "agender". That's changed a lot though. Erm... Cos when I first came out it was just trans-male, but, on discovering that there was a whole non-binary spectrum, it's like, "actually that might fit better". So I, like, looked into that. Erm.... it's that kind of,... just a lack of gender.	P2 6
	P2: Erm... queer & genderqueer sometimes. Queer just in general. Int: Okay. What is it that you like about those words? P2: Erm... they're kind of all encompassing. Int: Mmm. P2: So, like, even if... one day I kind of realise that I wasn't agender and was something else, like, I know that I'm not male or female, so it'd kind of fit in with that anyway. A: So I could still keep calling myself that...and that would be consistent... and that would be good...	P2 80
Felt gender	if I think about myself as alone in a room, what do I feel like inside, and for me I personally didn't, I don't know if other people, but I	P1 45

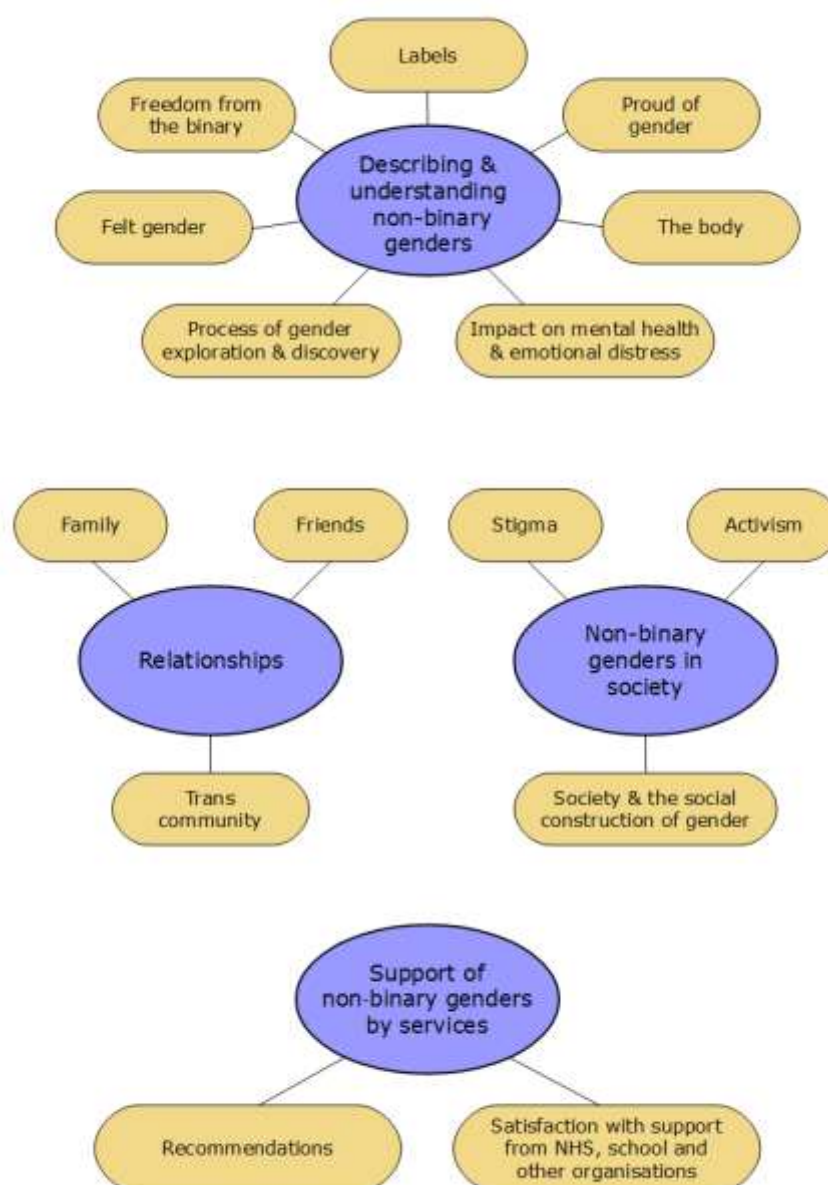
	just didn't see a specific gender, I just wasn't specifically male or female, so that led me back to non-binary.	
	important that you feel comfortable with what you identity with rather than what others perceive you as, or you want others to perceive you as.	P1 61
	I think that it is quite fluid at the moment, and I haven't really found one label that describes it perfectly. But at the moment, I feel a lot more a lack of gender, any gender, but it is all quite confusing, I don't really know. It's not that I don't care, it's more that, I don't have the effort, or the want to label it at the moment. Coz its fine. Yeah, I tend to use the label agender, or gender fluid, but it changes a lot. So there isn't one solid label that I always use.	P5 20
	Stopped pretending and I think the moment when it felt like it was actually, I was actually being who I really was in-instead of putting on a front and pretending to be someone I wasn't. I think that was kinda the, a big change, cos I felt like, "This is more authentic. I'm not, I'm not lying to anyone anymore." Yea.	P4 441
	I don't really feel like I fit in with any gender. It's just..." kinda bit like that. I don't really fit in with a gender. I don't feel like I fit in with any other description of a non-binary gender. I feel like I fit right here. With a lack of a gender.	P2 282
The body	Because, physically I would like a more masculine body, erm, but I think internally, perhaps in my personality maybe I am a bit more feminine, and I think that the personality aspect of me is more important, more important for my identity to go with my mentality, rather than how other people see me. If that makes sense?	P1 54
	Yeah, definitely as I started to physically change, I defined saw a more, I guess when I was younger I didn't really see myself as a, it wasn't that I didn't see myself as a girl, it was more that I didn't really define myself. Like, solely my being a girl, I just knew that I was me and I didn't really care. But the physical changes like made it more (pause), like, I don't know.	P5 71
	You have to wear a skirt obviously as part of your uniform. It's, you know, I don't really like having to do that cos it makes me feel really uncomfortable.	P4 551
	Managed to stay on them. Because I didn't want to go off them cos that would be too far in the female direction because then there would be periods again. That'd be the worst. That's always what brought me down. Okay. Cos, it was just a reminder every month. I don't want to be there. But then I don't wanna... (Pause) ...have all the facial hair either. And I'm fine with my voice. I'm fine with, that and... Basically my only problem is that I still have a womb and breast and stuff. It's not fun	P2 1037
Process of discovery	Erm, it's, for me, I had enough of an aversion to being female that I could kinda tell that something was off, but I initially, well I initially thought that I was, non-binary, then switched to male, then I switched back to non-binary, because it's really difficult, especially when you haven't; know anyone or had any experience, when there is nothing out there to tell you what it's like, then it's quite hard to find yourself I guess, for the way that I came back to non-binary was. I think that I was I came back to myself as non-binary was, if I think about myself as alone in a room, what do I feel like inside, and for me I personally didn't, I don't know if other people, but I just	P1 40

	<p>didn't see a specific gender, I just wasn't specifically male or female, so that led me back to non-binary.</p>	
	<p>I think, I think, someone, no yeah, one of my friends came out as being trans, as being male to female, erm and I had never thought about gender in any depth before, erm and I guess when you kinda of come into contact with people who are questioning their gender, it is the normal step to think about your own gender in more depth. Like what has happened with my parent, in that they firmly believe in their genders, my questioning led to some inter turmoil which then led to me, finding out that I am non-binary</p>	P1 78
	<p>So like when you are questioning yourself, an your gender, what you are searching for is validation, that's really important, especially when your doing covertly, because, when there is no one in real life close to you, that you can really talk to, you kind of want validation</p>	P1 123
	<p>I think that my friends have helped me to understand my personality and where that fits in on the masculinity, femininity spectrum. Erm, because out in the world I'm quite introverted, but when I'm with my friends I'm more outgoing and a bit weird erm, so I think around them, they have been really, really supportive. Erm, but I think that they helped me to understand who I am as a person from kind of an objective point of view. Again, which helped me to solidify the non-binaryness.</p>	P1 146
	<p>my fluidity and changing thoughts, kind of, not scared me, but made me feel nervous in term of was I doing the right thing. Was I actually non-binary and should I be this. Things would be so much easier if I went back to being a girl</p>	P1 253
	<p>It was very confusing because, I first started to identify as ftm, and so at first I just thought that I was like a guy. But then I realised that it was a lot more complicated</p>	P5 48
	<p>Well I was spending a lot of my time on You Tube, and I have learnt a lot more about myself from You Tube. And especially a You Tuber called Xxxx Xxxxxx. Who is ftm, and I remember that I just stumbled upon his You Tube channel somehow. And watched like all of his videos on transgender stuff. And I remember I just sat there, like "what", and I was just like convinced that, I was exactly what he was. But then I discovered so much more, I was wasn't really aware of non-binary genders and other stuff. And so it was from there that I thought, I knew that I was trans, but that opened up a lot of more. And that's wear it all started to...get more interesting.</p>	P5 52

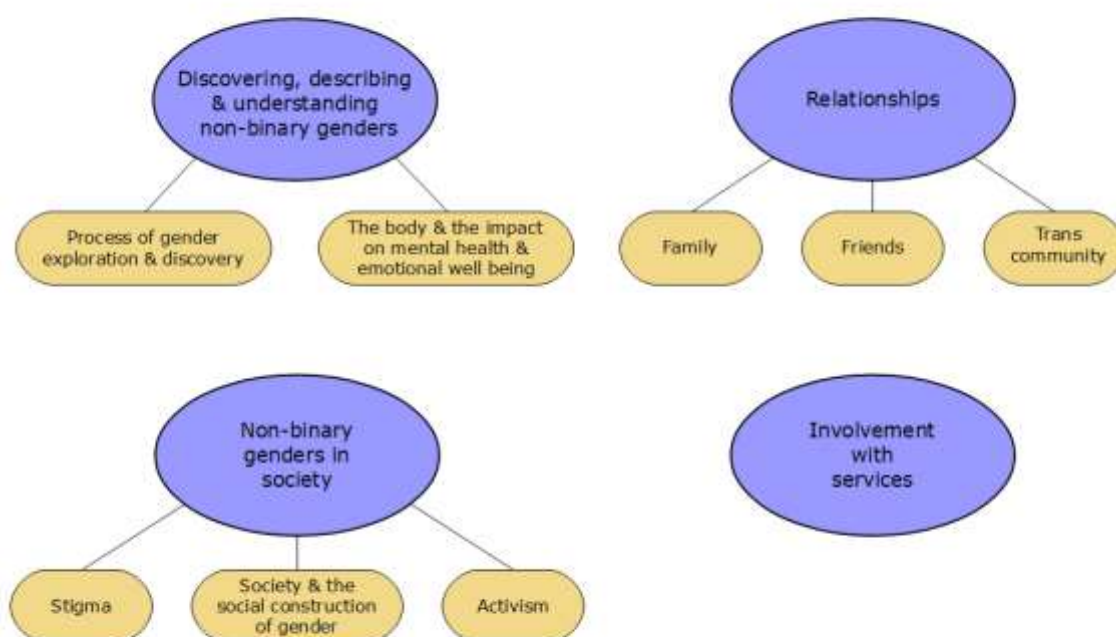
Appendix 17. Example of diagram used in the search for themes



Appendix 18. Version one of thematic map



Appendix 19. Version two: Thematic map



Appendix 20. Version three: Final thematic map

